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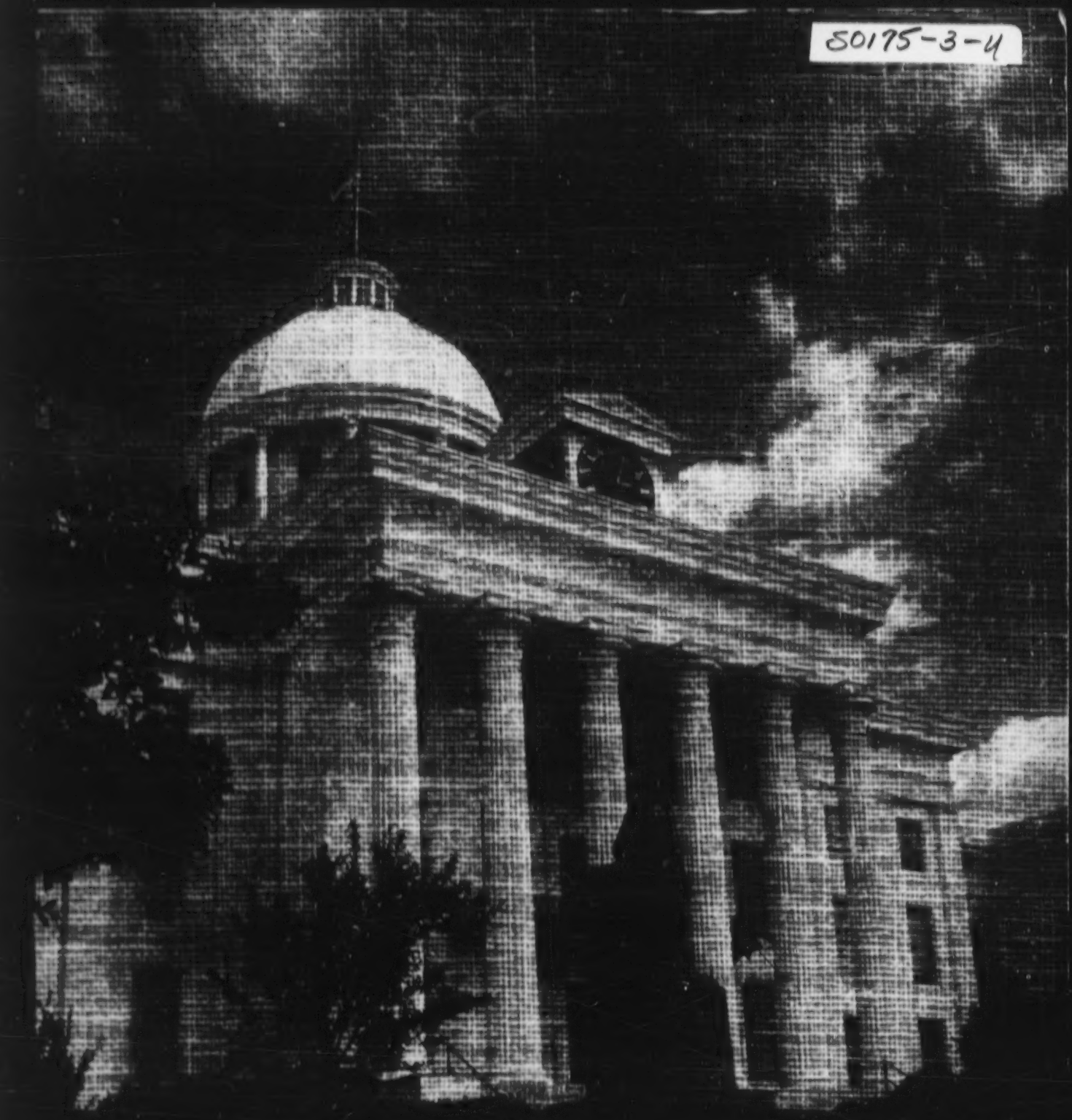

Alabama Department of Public Health

1985 Annual Report

Alabama Department of Public Health

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State of Alabama
Department of Public Health

State Office Building
Montgomery, Alabama 36130-1701

Claude Earl Fox, M.D., M.P.H.
State Health Officer

The Honorable George C. Wallace
Governor of Alabama
Montgomery, Alabama 36130

Dear Governor Wallace:

The annual report of the Alabama Department of Public Health records the challenges and achievements of our agency during 1985. Significant advances were accomplished under the leadership of Dr. Ira L. Myers whose wisdom and foresight during his 23 years as state health officer helped establish the strong system of public health in place today.

As I assume the responsibilities of state health officer I am looking forward to continuing the valuable services reflected in this report and to developing and refining them to their fullest potential.

I am pleased to submit this report to you on Dr. Myers' behalf and trust that the information contained in it will serve as a useful document.

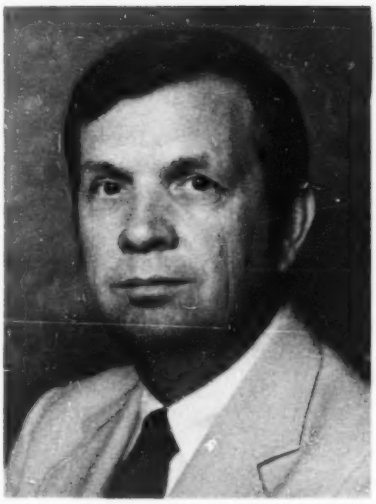
Sincerely,

Claude Earl Fox, M.D., M.P.H.
State Health Officer

During his 23 years of service as Alabama's state health officer, Dr. Ira L. Myers ably led the Alabama Department of Public Health through periods of rapid change, expansion and recession. A man of high integrity, Dr. Myers made countless significant contributions to public health. This report is dedicated to him in recognition of his devotion to a healthier life for all Alabamians.

Ira Lee Myers, M.D.
State Health Officer
1963-1986

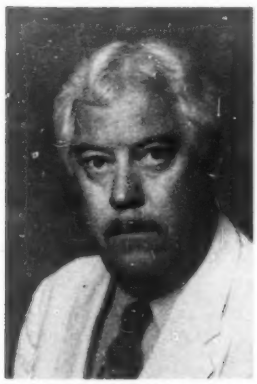
State Committee of Public Health



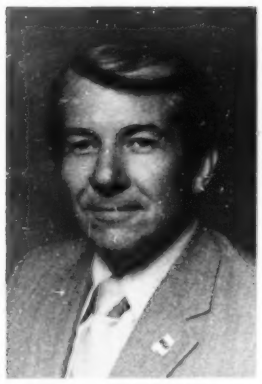
W. Earle Riley, M.D.
Chairman
Fairfield

William D. Lazenby, M.D.
Vice Chairman
Opelika

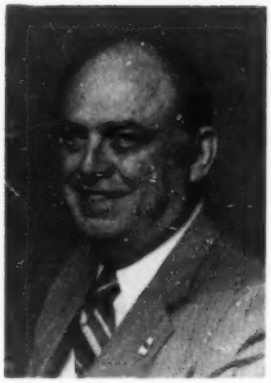
Ira L. Myers, M.D.
Secretary
Montgomery



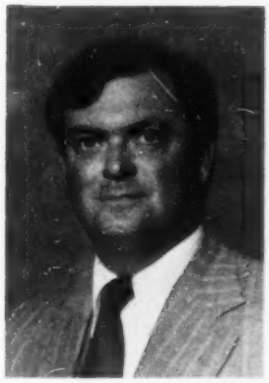
William C. Waller, M.D.
Montgomery



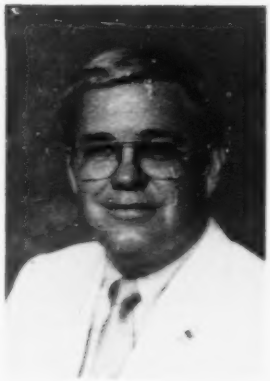
James E. West, M.D.
Anniston



Ernest C. Brock, Jr., M.D.
Tuscaloosa



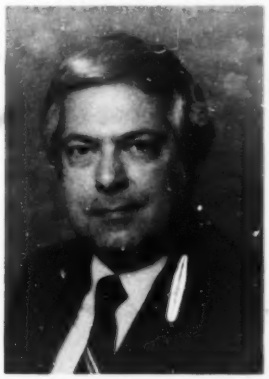
Richard H. Esham, M.D.
Mobile



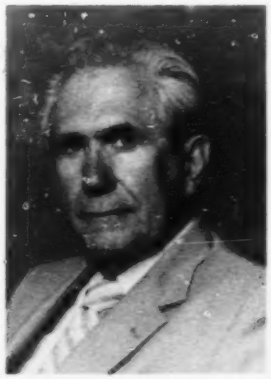
Garland C. Hall, Jr., M.D.
Moulton

Patrick B. Jones, Jr., M.D.
Dothan

Stephen G. Lautan, M.D.
Mobile



Peter W. Morris, M.D.
Birmingham



Ira B. Patton, M.D.
Oneonta

James A. Pittman, Jr., M.D.
Birmingham

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Environmental Health
Fred D. Hunker, M.D.
Montgomery

Council on Dental Health
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Administration &
Organization
William S. Fuller
Birmingham

Council on Prevention of
Disease & Medical Care
Myra J. Downs, R.N., M.S.N.
Gadsden

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STATE GOVERNMENT

BOARD OF HEALTH

STATE COMMITTEE OF PUBLIC HEALTH

Ira L. Myers, M.D., M.P.H.
State Health Officer

INTOXICATION STANDARDS TESTING & CONTROL

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John H. Wilder, J.D.
Director

DIVISION OF INTERNAL AUDIT

Cece McCall, B.S.
Director

EXECUTIVE ASSISTANT

Frances S. Smith

DIVISION OF FINANCE

Fred W. Sims
Director

DIVISION OF PERSONNEL & TRAINING SERVICES

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Director

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James L. Holston, Dr. P.H.
Director

FAMILY HEALTH ADMINISTRATION

Beverly Boyd, M.D., M.P.H.
Director

BUREAU OF PREVENTIVE HEALTH SERVICES

Grover C. Dick, M.A.
Director

BUREAU OF AREA HEALTH SERVICES

H. E. Harrigan, B.S., M.P.H.
Director

ASSISTANT STATE HEALTH OFFICER PUBLIC HEALTH AREA I

Betty W. Vaughan, M.D.

ASSISTANT STATE HEALTH OFFICER PUBLIC HEALTH AREA II

E. Kenneth Aycock, M.D., M.P.H.

ENVIRONMENTAL AND FACILITY STANDARDS ADMINISTRATION

James W. Cooper, M.S., Esq.
Director

SPECIAL SERVICES ADMINISTRATION

Forrest E. Ludden, Ed.D., M.P.H.
Director

BUREAU OF PUBLIC HEALTH NURSING

Mudene D. Sides, R.N., M.S.Ed.
Director

BUREAU OF DENTAL HEALTH

Nasseth L. Shiers, D.D.S., M.P.H.
Director

ASSISTANT STATE HEALTH OFFICER PUBLIC HEALTH AREA III

Carole W. Samuelson, M.D.

ASSISTANT STATE HEALTH OFFICER PUBLIC HEALTH AREA IV

Robert J. Henderson, M.D.

BUREAU OF EPIDEMIOLOGY & CONSULTATION

Wallace E. Berch, D.V.M.
Director

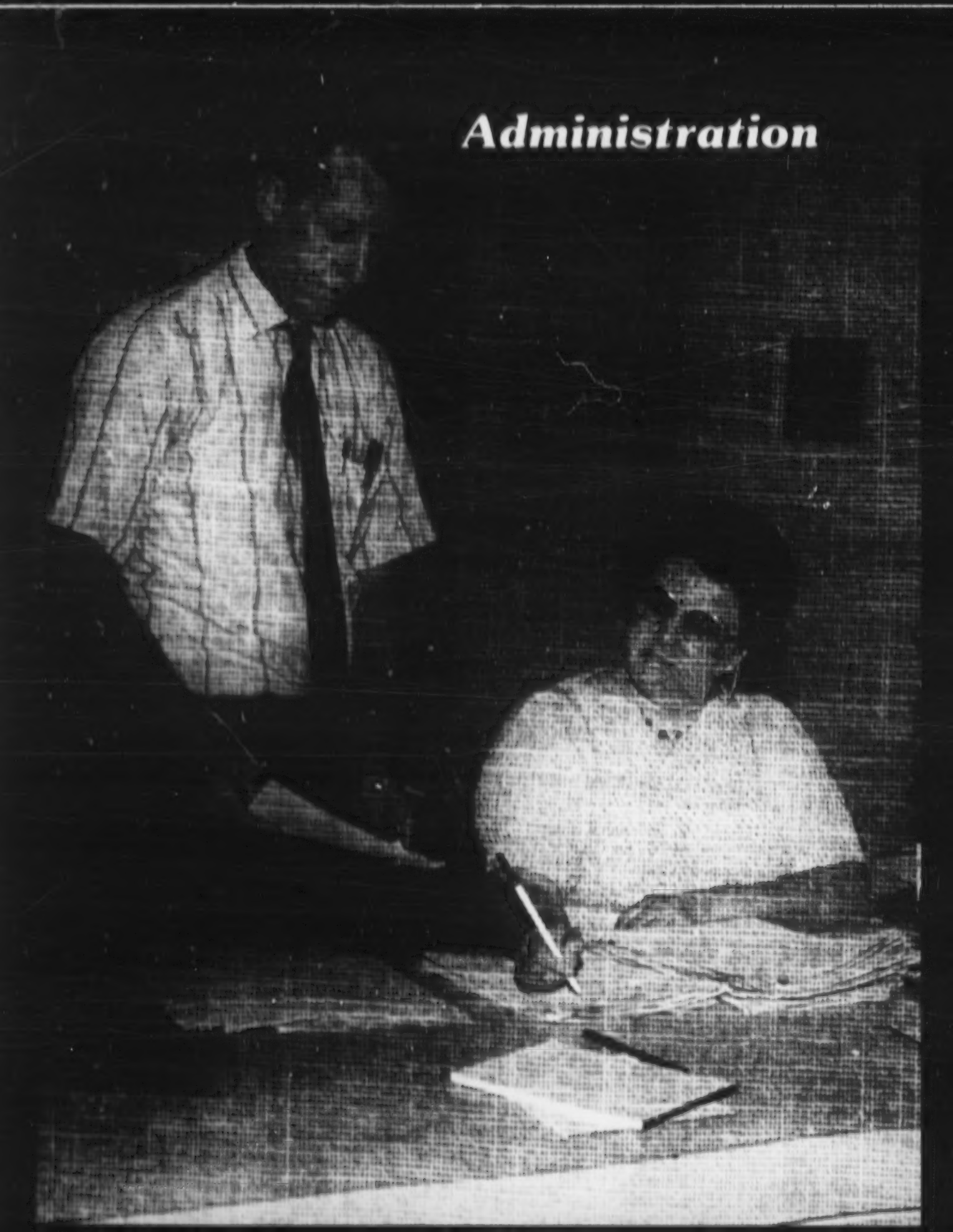
ASSISTANT STATE HEALTH OFFICER PUBLIC HEALTH AREA V

Joyce Gerstewitt, M.D., M.P.H.

AREA HEALTH ADMINISTRATOR PUBLIC HEALTH AREA VI

Tom N. Phillips, B.A., M.P.A.

Administration



BUREAU OF ADMINISTRATION

The state health officer is elected by the State Committee of Public Health to serve as executive officer of the Alabama Department of Public Health. The state health officer's primary responsibility is to organize and support a comprehensive public health program for all people of the state.

All policies, rules and laws regulating public health are executed through him; county health activities are under his general supervision; and all employees of the department are members of his staff.

Other responsibilities are to inform the governor and the legislature of state health conditions. In addition, he must be aware of any infectious or contagious diseases prevalent in the state and must implement prompt measures to prevent their spread.

Slightly more than 100 years ago medical leaders in Alabama advocated the establishment of a constitutional authority to oversee matters of public health. Among the purposes for such an authority were to develop a system of hygiene to preserve and prolong life; to plan an educational program for all people on the rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

A primary function of the health department was the treatment of infectious diseases such as malaria, pneumonia and tuberculosis in the early years. Private doctors were unable to cope with severe epidemics on a one-to-one basis; so a close cooperative effort between public and private medical communities was essential. This strong relationship continues today.

As advances were made, communicable diseases declined in importance. In recent years medical care emphasis has shifted from the treatment of disease to prevention. Diseases of human behavior are gaining prominence. Heart disease, strokes, cancer and accidents are now the major areas of concern. Health education of the public is designed to achieve more healthful behavior and lifestyles. Advances in medical knowledge have captured the public's attention.

The department is vitally concerned with a variety of issues such as the management and productivity of community services, populations at risk for prevalent social and health problems, improvement of local health departments, prevention of violence in families and public health diagnosis.

The test of public health is to marshal community resources to reach its goals. If the resources are provided, the system is in place to assist all Alabamians to stay alert, active and physically fit for generations to come.

Division of Finance

The Division of Finance continued to perform its responsibilities of budgeting, accounting, purchasing, securing supplies and approving payment of bills during 1985. As the fiscal office of the department the division conducts all fiscal transactions for the state health department and for the county health departments.

Thorough accounting records are kept of the receipt and expenditure of allocated funds to assure that all expenditures are within the budget. All supplies and equipment needed to perform public health duties are requisitioned and processed through the division. The division also processes payroll records and channels reimbursement for travel expenses. Another responsibility of the division is the cost accounting system.

Table 1-1 summarizes the receipts, disbursements and balances by special sources of funds for the fiscal year which ended September 30, 1985. Table 1-2 gives a summary of program disbursements by the source of funds—state, federal, local or others. Disbursements are listed by object in Table 1-3.

Graph 1-1 shows the breakdown of sources of funds by state, federal, and local and miscellaneous funds for fiscal year 1985. Expenditures of funds by percentage are indicated in Graph 1-2.

TABLE 1-1
SUMMARY OF RECEIPTS, DISBURSEMENTS AND BALANCES BY SPECIAL SOURCE OF FUNDS
FISCAL YEAR 1985

Source	Balance 10-1-84	Receipts	Expended	Balance 9-30-85
STATE AND REVENUE FUNDS				
General Fund—Health	294,693.64	17,454,118.05	17,109,873.02	638,938.67
ASETF Perinatal	197,280.21	870,927.00	826,090.76	242,116.45
ASETF Health Support	—0—	130,973.00	129,866.99	1,106.01
ASETF Immunization	1,421.04	391,000.00	268,814.46	123,606.58
ASETF School Inspection	—0—	215,373.00	215,373.00	—0—
Total	493,394.89	19,062,391.05	18,550,018.23	1,005,767.71
2¢ Cigarette Tax	319,482.44	1,818,083.34	2,047,064.38	90,501.40
1¢ Cigarette Tax	69,217.49	1,150,261.38	860,357.65	359,121.22
Radiation Safety	50,369.00	72,340.00	23,152.00	99,557.00
Hospital Licenses	177,945.53	207,267.00	233,877.31	151,335.22
Vital Statistics Fees	653,691.04	1,072,650.60	968,370.99	757,970.65
Emergency Medical Services	20,061.59	53,510.00	34,649.35	38,922.24
Total	1,290,767.09	4,374,112.32	4,167,471.68	1,497,407.73
Regulatory Boards				
Hearing Aid Licenses	15,922.79	10,295.00	8,472.92	17,744.87
TOTAL STATE AND REVENUE FUNDS	1,800,084.77	23,446,798.37	22,725,962.83	2,520,920.31
FEDERAL FUNDS				
Family Planning	270,085.73	4,863,513.31	4,572,565.98	561,033.06
Maternal and Child Health	424,547.78	9,861,698.86	9,991,382.60	294,864.04
Preventive Health Block	29,513.24	1,677,518.72	1,634,267.84	72,764.12
WIC Food Program	290,596.08	31,323,746.43	31,089,043.43	525,299.08
Home Health	1,109,705.92	1,370,413.41	2,163,624.81	316,494.52
SSA Certification	(150,846.33)	1,071,621.50	922,307.13	(1,531.96)
Medicaid Lic. & Certif.	(88,150.13)	766,679.81	617,981.95	60,547.73
Sexually Transmitted Diseases	(27,046.19)	1,048,877.00	974,629.30	47,201.51
Immunization	(7,025.31)	508,000.00	494,229.58	6,745.11
Tuberculosis	(1,410.39)	73,923.50	68,263.27	4,249.84
Refugee	194.28	14,000.00	10,831.45	3,362.83
FEDERAL CONTRACTS				
National Health Service Corps	(6,343.91)	64,869.09	72,552.22	(14,027.04)
AEC Radiological Health	19,419.27	15,611.18	10,100.53	24,929.92
NIH Cancer	4,855.06	—0—	4,855.06	—0—
FDA Medical Device	641.17	15,722.65	16,363.82	—0—
Black Lung	10,084.50	(10,084.50)	—0—	—0—
Chambers-Cherokee ARC	9,413.97	35,000.20	32,686.89	11,727.28
FDA Food Inspection	515.88	61,500.00	61,521.58	494.30
Vital Statistics—NCHS	37,995.34	128,000.00	163,603.40	2,391.94
Revolving Fund	(143,029.33)	145,596.27	4,776.36	(2,209.42)
TOTAL FEDERAL FUNDS	1,783,716.63	53,036,207.43	52,905,587.20	1,914,336.86

TABLE 1-1 (continued)
SUMMARY OF RECEIPTS, DISBURSEMENTS AND BALANCES BY SPECIAL SOURCE OF FUNDS
FISCAL YEAR 1985

Source	Balance 10-1-84	Receipts	Expended	Balance 9-30-85
LOCAL AND MISCELLANEOUS FUNDS				
Dental Contracts	47,526.24	37,405.83	47,151.79	37,780.28
Lab-Rubella	2,256.49	(18.60)	2,237.89	—0—
Lab-MCH	118,096.20	125,177.00	208,490.68	34,782.52
Lab-Medicaid	54,178.45	39,704.47	48,996.09	44,886.83
Lab-Safe Water Contract	125,000.31	330,000.00	423,428.95	31,571.36
Lab-Training	2,829.05	—0—	—0—	2,829.05
Indirect Cost Earned	1,520,013.24	2,706,776.08	3,092,546.72	1,134,242.60
OHTS Contracts	(32,621.13)	173,247.14	190,340.34	(49,714.33)
Consumer Product Safety	7,148.52	5,000.00	8,171.08	3,977.44
Vital Statistics	40,272.72	87,593.70	83,608.35	44,258.07
Miscellaneous Reimbursement	(403,592.06)	138,081.72	202,981.49	(468,491.83)
Health Nuclear Monitoring	78,506.48	137,087.82	145,255.16	70,339.14
Local Appropriations	4,743,087.93	*36,810,157.55	*36,168,219.11	5,385,026.37
Total	6,302,702.44	40,590,212.70	40,621,427.64	6,271,487.50
GRAND TOTAL	$9,886,503.84	$117,073,218.50	$116,252,977.67	$10,706,744.67

*Includes $21,141,556.00 in funds collected and expended locally

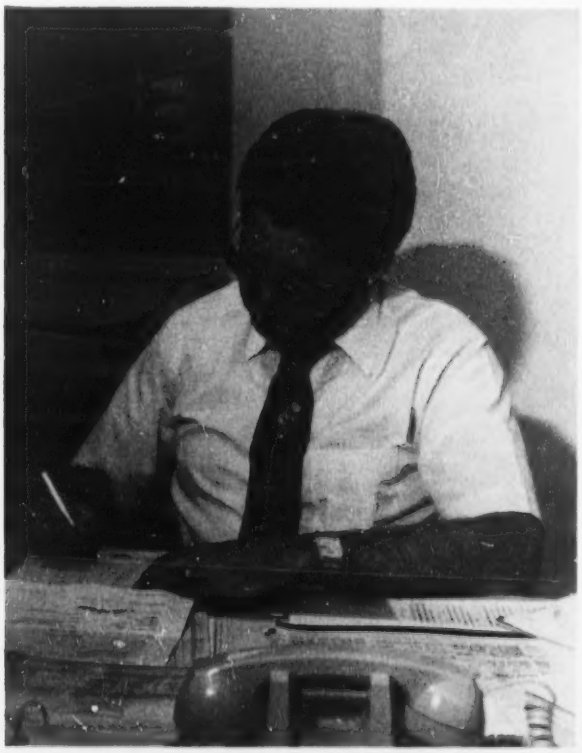


TABLE 1-2
SUMMARY OF PROGRAM DISBURSEMENTS BY GENERAL SOURCE OF FUNDS
FISCAL YEAR 1985

Program	All Funds	State Revenue Funds	Federal Funds	Local and Other Funds
ADMINISTRATION				
Executive	381,785.09	377,752.49	(83.40)	4,116.00
General Services	1,951,452.83	286,065.02	144,213.05	1,521,174.76
Finance	755,340.62	755,340.62	—0—	—0—
Internal Audit	120,591.60	120,591.60	—0—	—0—
Legal Services	127,897.03	127,897.03	—0—	—0—
Personnel	275,284.09	271,721.53	—0—	3,562.56
Total	3,612,351.26	1,939,368.29	144,129.65	1,528,853.32
SPECIAL SERVICES				
Administration	84,603.37	564.94	—0—	84,038.43
Vital Statistics	1,134,079.40	970,476.00	163,603.40	—0—
Primary Prevention	661,342.94	436,823.47	57,449.41	167,070.06
Health Data	1,333,460.78	1,324,039.51	—0—	9,421.27
Total	3,213,486.49	2,731,903.92	221,052.81	260,529.76
HEALTH SUPPORT SERVICES				
Public Health Area Support	154,858.08	143,453.53	11,404.55	—0—
Public Health Nursing	515,568.79	7,126.00	125,493.74	382,949.05
Public Health Area I	153,338.19	153,338.19	—0—	—0—
Public Health Area II	119,227.55	119,147.77	79.78	—0—
Public Health Area III	103,575.00	103,575.00	—0—	—0—
Public Health Area IV	185,932.78	185,932.78	—0—	—0—
Public Health Area V	155,008.61	155,008.61	—0—	—0—
Public Health Area VI	75,852.79	75,852.79	—0—	—0—
Rape Prevention	52,240.40	—0—	52,240.40	—0—
National Health Service Corps	72,762.11	243.49	72,518.62	—0—
Clinical Laboratories	5,282,662.45	3,300,774.73	842,538.28	1,139,349.44
Total	6,871,026.75	4,244,452.89	1,104,275.37	1,522,298.49
LICENSING AND REGULATION				
Emergency Medical Services	430,301.21	158,227.88	200,950.05	71,123.28
Licensure and Certification	1,966,038.38	240,064.43	1,541,847.77	184,126.18
Total	2,396,339.59	398,292.31	1,742,797.82	255,249.46
ENVIRONMENTAL HEALTH				
Administration	61,784.40	51,873.62	—0—	9,910.78
General Sanitation	319,409.59	319,409.59	—0—	—0—
Vector Control	40,403.95	392.53	40,011.42	—0—
Inspection	919,181.07	857,659.49	61,521.58	—0—
Radiological Health	663,846.74	508,491.05	10,100.53	145,255.46
Total	2,004,625.75	1,737,826.28	111,633.53	155,165.94

TABLE 1-2 (continued)
SUMMARY OF PROGRAM DISBURSEMENTS BY GENERAL SOURCE OF FUNDS
FISCAL YEAR 1985

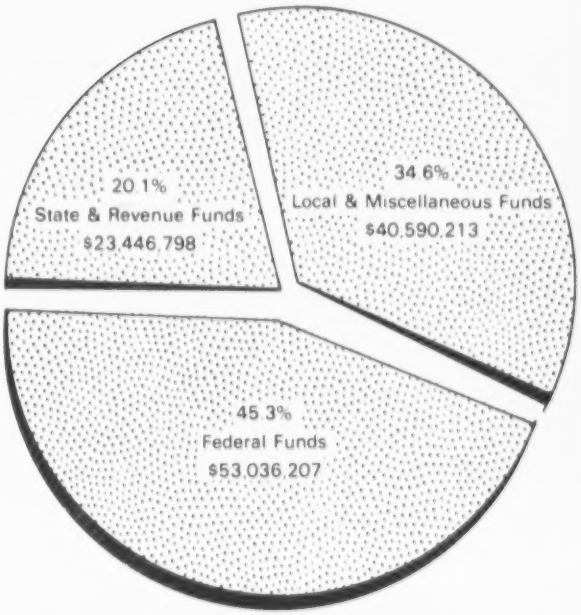
Program	All Funds	State Revenue Funds	Federal Funds	Local and Other Funds
PREVENTIVE HEALTH SERVICES				
Administration	89,093.64	89,093.64	—0—	—0—
Epidemiology	168,429.97	168,429.97	—0—	—0—
Hypertension	404,780.25	91,739.75	313,040.50	—0—
Immunization	883,508.58	389,279.00	494,229.58	—0—
Tuberculosis Control	1,809,989.89	1,068,436.60	68,263.27	673,290.02
Hospitalization of TB Patients	494,548.67	494,548.67	—0—	—0—
STD Control	1,446,718.77	504,489.76	930,888.57	11,340.44
Total	5,297,069.77	2,806,017.39	1,806,421.92	684,630.46
PERSONAL HEALTH SUPPORT				
Family Planning	4,942,692.20	20,137.22	4,922,554.98	—0—
Women, Infants and Children	31,117,863.59	28,820.16	31,089,043.43	—0—
Maternal and Child Health				
Block Grant—Transfer to Crippled Children	3,381,345.00	—0—	3,381,345.00	—0—
Administration	486,555.35	2,085.90	484,469.45	—0—
Area Support	2,966,710.43	212,868.96	2,753,841.47	—0—
Special Project Contracts	3,329,230.09	599,658.02	2,729,572.07	—0—
MR Contracts	294,646.26	—0—	294,646.26	—0—
Cancer Detection	325,967.60	320,818.65	5,148.95	—0—
Dental Health	373,062.30	283,963.40	41,947.11	47,151.79
Total	47,218,072.82	1,468,352.31	45,702,568.72	47,151.79
REGULATORY BOARDS—Hearing Aid	8,472.92	8,472.92	—0—	—0—
REVOLVING FUNDS	(67.99)	(259.33)	862.01	(670.67)
LOCAL HEALTH UNITS	45,631,600.33	7,391,535.85	2,071,845.37	36,168,219.11*
GRAND TOTAL	$116,252,977.67	$22,725,962.83	$52,905,587.20	$40,621,427.64

*Includes $21,141,556.00 in funds collected and expended locally

TABLE 1-3
SUMMARY OF DISBURSEMENTS BY OBJECT
FISCAL YEAR 1985

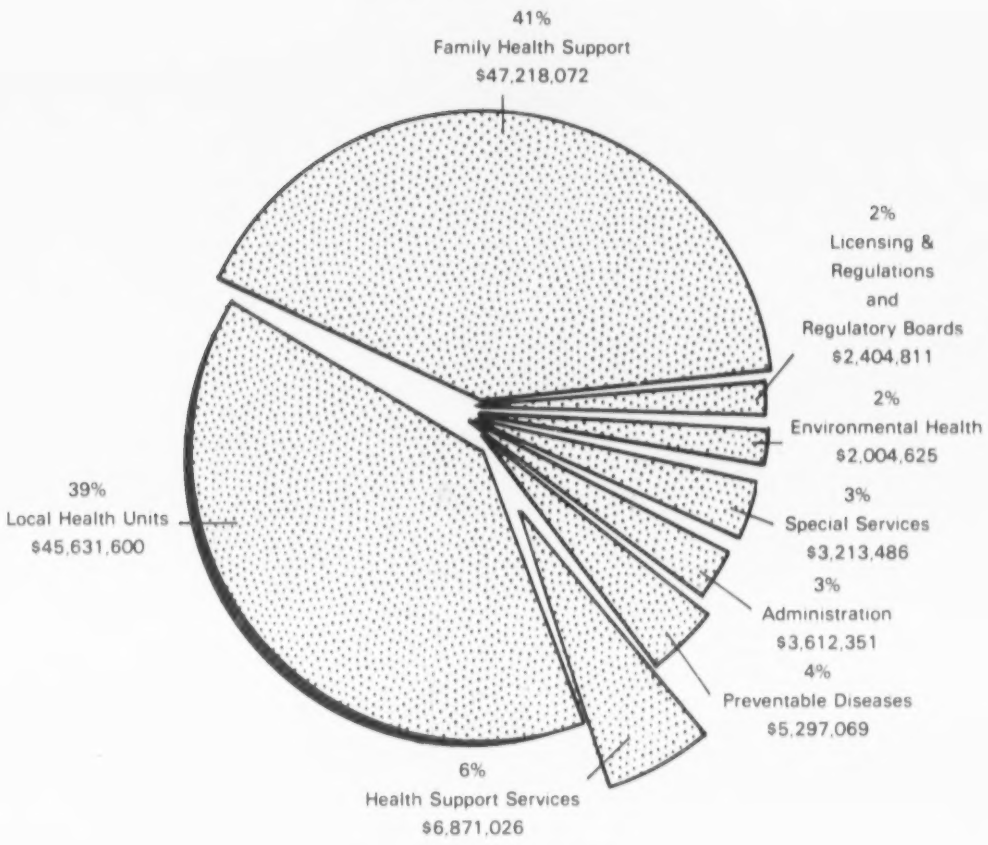
Object	Expended
Salaries	$19,983,508.88
Fringe Benefits	4,134,938.74
Travel—In-State	1,200,562.98
Travel—Out-of-State	83,695.90
Repairs and Maintenance	145,015.94
Rentals and Leases	660,061.93
Utilities and Communication	1,249,174.76
Professional Services	2,048,127.88
Supplies and Materials	1,356,557.91
Drugs and Medical Supplies	1,539,960.96
Food—Women, Infants and Children	24,637,122.28
Indirect Cost	2,642,667.82
Training	47,230.92
Transportation and Equipment Operations	27,296.31
Grants and Benefits	6,952,158.22
Capitol Outlay	419,490.00
Transportation Equipment Purchases	12,453.00
Other Equipment Purchases	373,481.53
Non-Expenditure Disbursements	3,591,264.71
County Health Departments	45,148,207.00
Total	$116,252,977.67

GRAPH 1-1
SOURCES OF FUNDS RECEIVED
FISCAL YEAR 1985



GRAND TOTAL $117,073,218

GRAPH 1-2
EXPENDITURE OF FUNDS
FISCAL YEAR 1985



GRAND TOTAL $116,252,977
(Revolving funds of $67.99 not included.)

Chemical Test for Intoxication Program

The State Board of Health is responsible for the scientific standards and procedures by which chemical tests are applied in laboratories to identify the presence and quantity of alcohol and other drugs in biological specimens. This responsibility extends to approving instrumentation utilized by law enforcement agencies and to certifying trained personnel participating in the testing program to measure the blood alcohol content of drivers suspected of operating a motor vehicle while under the influence.

During 1985 the department assisted the Department of Public Safety with 47 basic training sessions to train personnel to administer tests with the approved equipment. These sessions were attended by qualified representatives from the law enforcement agencies from throughout the state.

The selected representatives meeting the qualifications of the State Board of Health were issued certification permits to administer tests with the approved instruments designed to measure the blood alcohol content utilizing expired alveolar breath. The certified personnel are required to attend continuing education programs annually to maintain their competency and efficiency. The continuing education sessions provide training for 1,500 to 2,000 individuals annually.

Internal Audit Division

The staff of the Internal Audit Division, which consisted of two auditors and one secretary during most of fiscal year 1985, performed a total of 42 audits in 14 different county health departments.

The division monitored the "Uniform Accounting and Periodic Reporting System for County Health Departments." This work resulted in $130,482.43 being transferred from county health departments' local bank accounts to the appropriate health department accounts in the State Treasury. Division staff also answered questions concerning the interpretation of various rules and

regulations promulgated by the system for personnel in county health departments.

Another activity of the division was participation in Home Health Fee for Service Orientation Workshops. In five workshops division staff provided training for employees in accounting for fees collected and in maintaining accounts receivable records.

The division also participated in two other workshops to train health department personnel in accounting for fees collected under the authority of local laws applicable to each county.

Guidelines were provided for accounting for fees collected by county health departments and certain outside agencies participating in the Child Restraint Loaner Program. The division also gave guidance for accounting for the distribution and use of the child restraint devices.

Other activities of the division included monitoring the health department's internal review system that requires all contracts involving the department to be sent to the Finance Division, Legal Division and Internal Audit Division for review and approval prior to signing by the state health officer. During fiscal year 1985 there were 192 contracts processed through this system.

Division staff represented the state health officer on auditing matters in meetings with the State Examiners of Public Accounts, auditors from the federal government and auditors from private firms. Audit findings were discussed with the directors of certain administrations, bureaus and divisions of the Alabama Department of Public Health.

In addition, the division evaluated the audit impact of certain legislative actions and made recommendations pertaining to those actions.

Legal Division

The Legal Division was staffed by two attorneys and one clerk stenographer in 1985. With the retirement of the former director, another attorney was employed.

In their capacity as assistant attorneys general, division attorneys wrote and reviewed proposed rules, researched and wrote opinions, represented the attorney general in providing legal assistance and counsel to various state boards, and consulted and coordinated with the attorney general on public health matters.

The Legal Division, as the office of primary responsibility for meeting the requirements of the Alabama Administrative Procedure Act, maintained the official file of the State Board of Health rules and functioned as the reproduction and distribution center, serving the public need. The division was responsible for filing notices of intended actions regarding State Board of Health rules for publication in the *Alabama Administrative Monthly*.

During 1985 Legal Division attorneys represented the State Board of Health, county boards of health, the department and its personnel in more than 30 actions before state and federal courts and administrative bodies. Cases dealt with employee liability; inspections; licensure; Women, Infants and Children program; civil rights; and various tort actions, including malpractice. Division attorneys served as hearing officers for Alabama Department of Environmental Management hearings and public hearings on State Board of Health rules.

The Legal Division functioned as in-house counsel to all offices of the Alabama Department of Public Health and to the majority of the county health departments. Attorneys reviewed for legal sufficiency all contracts, leases and other instruments as well as correspondence. Legal review and rewrite was provided on new and existing State Board of Health rules adopted or amended during the year.

Staff counsel furnished legal advice on a day-to-day basis to staff members of the state and county health departments involving interpretations of statutes and rules and appropriate legal and administrative actions to be pursued in their enforcement.

Personnel and Training Services Division

During 1985 the Personnel and Training Services Division was very active in a program of job analysis to ensure the best efforts in maintaining properly classified positions with fair and equitable remuneration. During this time there were job studies and task analyses made on 117 existing positions in the department resulting in 102 positions being reallocated to different classifications. Also, 93 new positions were established to meet departmental needs. A significant number of new positions were for an expanded home health program in several county health departments.

The combined recruiting efforts of the health department and the State Personnel Department resulted in 641 registered nurses being placed on the state employment registers. Other recruitment figures included 154 environmentalists, 83 microbiologists, 28 nutritionists, 29 nutrition assistants, 10 emergency medical services representatives, 13 building construction specialists, 28 radiation physicists, 4 radiation safety inspectors, 5 nurse practitioners and 1,164 health services aides.

At the end of the year of the 2,006 employees on the payrolls 646 were state employees and 1,360 were county employees. The employees of Jefferson and Mobile counties are not included in these totals since they are under separate merit systems.

Accessions totaling 315 consisted of 210 original probationary, 42 temporary, 2 provisional, 18 reemployment, 12 transfer and 31 unskilled appointments. There were 93 promotions for this period.

Separations numbered 267 of which there were 126 resignations, 2 deaths, 24 transfers, 65 expirations of appointment, 16 layoffs and 5 dismissals. Twenty-nine employees retired this year. An independent training

consultant with more than 20 years of teaching experience in the area of business communication and behavior both in Montgomery and New York City, conducted four secretarial workshops for Personnel and Training Services in 1985. Workshops were held in Birmingham and Montgomery. Two "Basic Development Workshops for Secretarial/ Clerical Personnel" were held to help secretaries sharpen their skills; update their communication—both oral and written; develop good human relations; and expand their professional attitude and image. Two workshops were also conducted on "Professional Development Seminars for Secretaries—Advanced Program" to review previously learned skills in speaking and writing English correctly, as well as to learn up-to-date style practices; to identify the necessary skills in interpersonal contacts; to develop strategies for more effective use of time; and to make participants aware of the unlimited potential for growth and excellence.

Participants have indicated that upon completion of the programs they have a positive feeling about themselves and their jobs and that the knowledge and skills are very useful in their work situations.

Personnel and Training Services began a pilot program for public health managers in 1983 which has been used as a basis by Auburn University at Montgomery to develop the Alabama Certified Public Manager Program. The Certified Public Manager Program was approved by the governor and funding was allocated by the legislature in 1985. The program is designed for serious public administrators who wish to learn current management and supervisory techniques to improve their performance. Participants must complete a carefully designed sequence of management courses, job-related projects, professionally relevant electives and a series of examinations to be awarded the Certified Public Manager designation.

Objectives of the Certified Public Manager Program are to encourage the recognition of management as a profession in public agencies, to provide quality training for public administrators and to provide professional recognition to state government managers. The program is for state employees in full-time career managerial positions in state agencies and for state employees who have demonstrated the potential for managerial positions.

In the area of Affirmative Action, the work force analysis shows that 22.26 percent of the employees are minorities. This figure compares favorably with data from the Department of Industrial Relations and other labor statistics showing that minorities comprise 22 percent of the labor force in the job classifications used by the health department. Of the 315 appointments during 1985, 61 (19.36 percent) were minorities. As reflected in the work force analysis, there was an increase in the number of minority employees in the job categories of professionals, paraprofessionals, technicians and clerical workers which resulted in a total increase of 15 in the number of minority employees in the work force.

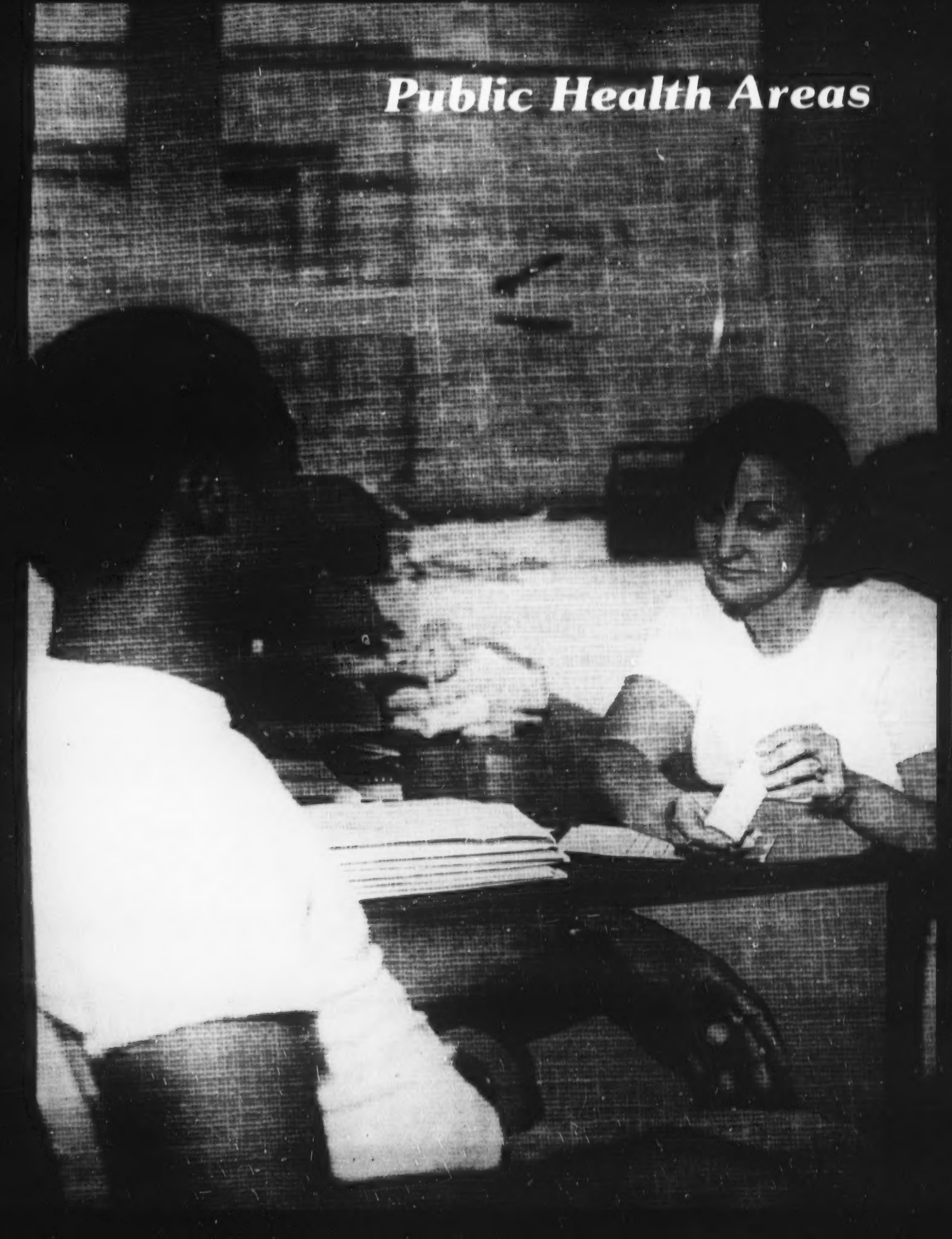
As provided in the department's Affirmative Action plan, the Personnel Division continued its minority sensitive recruiting efforts by visiting state colleges, including predominantly black schools, on career days to attract minority professionals into the health field. During 1985, officials of predominantly black colleges in the area agreed to identify and encourage students with science majors to submit applications for environmental and microbiology positions with the department.

In the area of employee relations activities, the division continued to provide administrative guidance and support to supervisors in completing employee guidance sheets on employees. Approximately 20 employees did not receive satisfactory evaluations; however, through counseling sessions and under supervisory guidance performance problems such as leave abuse, lack of initiative, inadequate use of work time, were corrected. In cases where corrections were not made, administrative hearings, were conducted and disciplinary actions were taken. The division also provided administrative guidance and support in addressing and resolving employee complaints and grievances. During 1985, there was a total of 131 employee complaints. Of this number 126 were against employees as follows: 52 for substandard performance, 45 for leave abuse, 7 for failure to maintain high standards of integrity, 6 for falsification of records, 6 on poor relationship with coworkers, 4 for insubordination, 2 because of emotional stress and 1 for lack of professionalism.

Through the counseling provisions of the department's policy of progressive discipline, 64 of the complaints against employees were administratively resolved. Where disciplinary action was deemed necessary, employees were provided due process (fair hearings) in the following personnel actions: five terminations, eight suspensions, three letters of reprimand, five transfers, one demotion and reassignment, one reassignment and one retirement. There were 14 resignations in lieu of termination procedures. Two employees appealed their termination to the State Personnel Board with one termination upheld and one resulted in a negotiated settlement for retirement.

There were four employee complaints that were resolved informally. One employee filed a (private) suit contesting her layoff charging discrimination, however, through her legal counsel, the suit was withdrawn. At the close of the year, 23 complaints against employees were in the process of resolution.

During 1985, the department adopted a formal policy for the Employee Assistance Program. This program is designed to provide a referral source for employees seeking professional assistance in resolving personal problems that are directly or indirectly affecting their work performance. During 1985 five employees were referred for professional help through this program.


Public Health Areas

PUBLIC HEALTH AREAS

PUBLIC HEALTH AREA I

The 12 counties of Public Health Area I in North Alabama include the following administrative subdivisions: Northwest Alabama Regional Health Department, a three-county region under a medical director; Tri-County District Health Services, a four-county district under a medical director; Madison County Health Department, a metropolitan health department under a health officer; and four single county health departments under the direction of the Area I director or local administrator.

Environmental Health Services—During the 1985 fiscal year the environmental sanitation programs of Public Health Area I continued to develop and refine ways for improving the implementation and delivery of its programs. Efforts have been made to conduct all required inspections of food service and retail stores, to collect required frozen dessert samples and to inspect all reported septic tanks and rural construction sites. Due to personnel shortages and increased inspection responsibilities the area has failed to do all this as required.

A review of data reveals that the area is producing more than ever before. Its programs, moreover, are accomplishing more as reflected by the number of inspections, contacts, notices and enforcement actions documented.

Enforcement actions increased from 1,846 in 1984 to 4,201 in 1985, while court actions were increased only slightly. This means Public Health Area I environmentalists were able to identify and abate more than 4,000 insanitary conditions.

The Bureau of Inspection conducted 26 school lunchroom surveys, 4 food service surveys, 1 retail food store survey, 9 continuing standardizations, 7 continuing standardization spot checks, 2 formal standardizations, 1 preparatory standardization, 8 solid waste surveys and 2 food manager training courses.

In 1986 the Bureau of Inspection plans the following activities:

(1) Food manager training courses in Winston, Jackson and Marshall counties. Tri-County District Health Services, Northwest Alabama Regional Health Department and Madison County Health Department plan to conduct their own.
(2) Food service surveys in Cullman, Limestone, Marshall, Jackson, Lawrence and Morgan counties. During these surveys supervisors and solo environmentalists will be used to document their continuing standardization.
(3) Solid waste audits in Jackson, Lawrence and Cullman counties.
(4) School survey in Madison County.
(5) Standardize the Northwest regional director.

The Bureau of General Sanitation worked with area personnel throughout the year on-site. In 1986 the bureau plans to conduct training courses for aerobic systems, alternate systems, lot modifications, site evaluation, plan reading, correction of failing systems and subdivision approval.

Due to inadequacies within the law and a lack of cooperation within the judicial system of several counties, the department is unable to require the necessary septic tank permits, inspections and approvals. As a result there are many unapproved substandard on-site sewage systems being installed throughout many Area I counties.

A major subdivision in Jackson County has received public sewerage as a result of surveys and encouragement by the local health department. These same activities by the Cullman, Franklin, Marion, Morgan and Winston county health departments have resulted in communities and towns being placed high on the priority list for funding of sewer systems.

Area I has received a lot of assistance from the Tennessee Valley Authority (TVA) in identifying areas with high septic tank failure rates through their remote sensory capabilities.

The staff of the Bureau of General Sanitation and PHA I have been working together on numerous projects regarding both ground and surface water protection. This has resulted in the development of a Memorandum of Understanding with TVA on cooperative programs which should be completed soon, it is hoped.

The TVA water quality branch plans to share its technology with the area staff to assist by developing polygon-digitized soils maps for high resolution septic tank suitability maps. They also plan to develop soils workshops and demonstrations, as well as a videotape of an alternative system installation to address septic tank system failures, available alternative on-site system technology, design of a corrective system, and installation of a rehabilitative system. TVA also plans to provide low altitude color infrared photography with interpretation to document the extent of stressed on-site disposal systems.

In addition, TVA plans to do work regarding groundwater quality in cooperation with the Madison County Health Department. The three steps will be an education program in the schools on groundwater, a groundwater quality survey, and a study of land utilization over the past 15 years.

The Northwest Alabama Regional Health Department took several actions during the year. The Board of Health declared 19 substandard housing units a menace to public health, and a court order was issued ordering them vacated. The boards also declared a city jail a public health nuisance, ordering it closed, and also ordered one public school closed.

The Jackson County Board of Health adopted swimming pool and bathing place rules. The Northwest Alabama Regional Health Department is currently developing swimming pool rules, while the Madison County Health

Department is revising its rules. In Area I 856 pool inspections were conducted in 1985.

Activity in solid waste programs has increased sharply, although health department involvement is lacking in many counties. Success in this program is limited only by department interest.

Only one county in Area I is conducting a plumbing inspection program, one of just three counties in the state to do so.

The Tri-County District Health Service, Division of Air Pollution Control, continues to provide the district with a coordinated program of air pollution prevention, abatement and control. Emphasis is expected to shift this year from monitoring to enforcement. This should result in an increase in the numbers of source inspections, complaint investigations and permits issued.

Goals for the future include adding communication equipment, increasing funding for more personnel and improving the expertise of the staff.

Personal Health Services – Integration of Family Health Administration programs was initiated during 1985. Staff in each county are being cross-trained in the policies and procedures of all Family Health Administration programs. Cancer detection and family planning clinics have been integrated in Area I. This integration should reduce the cost, increase patient activity and enhance the quality of care provided in these clinics. The number of cancer detection patients served in the area during fiscal year 1985 increased by 33 percent.

The Family Planning Program has implemented a 13 month birth control pill supply system to replace the six month supply provided previously. The goal is to reduce the average number of visits per patient to less than two per year which will mean a reduction in the number of total visits. This should increase the availability of appointment time, which will increase new patients and total patients served. This should also have a positive impact on the average cost per visit.

Early Periodic Screening, Detection and Treatment and Well Child clinics are being integrated in each county. Well Child clinics showed an increase of 10 percent in total patients served during the 1985 fiscal year. The staff in WIC and the child health clinics are being cross-trained to improve the services provided in these programs. This should eliminate some of the duplication in medical services provided in these programs and should enhance the quality of medical care and nutrition services received by the patients.

Prenatal services are available in five county health department clinics in PHA I and through a contract with the University of Alabama at Huntsville's School of Primary Medical Care. Prenatal services are available in Lauderdale County through a referral agreement between the health department and local obstetricians. These patients are screened at the health department and referred to private physicians on a rotating basis. The nonavailability of appropriate prenatal care in every county of Area I continues to be a problem. There was an 11 percent

decrease in the total patients served during fiscal year 1985.

In those counties with maternity clinics, WIC services are being integrated into the clinic. This will provide not only quality medical care to the maternity patients, but also will provide nutritional services. The maternity staff is being cross-trained in WIC eligibility and certification.

WIC clinics in Area I are now using the Unified Medical Record and are beginning to integrate with other health department clinics. The Madison County WIC Program has made great strides after being moved twice during 1984. The case load increased from 719 in October 1984 to 1,063 in October 1985. Improvements have been made in records maintenance, case load management and program procedures.

Madison County was the site of one of five state-appointed counseling centers for HTLV-III. All Area I Sexually Transmitted Disease Control personnel have been trained in pre- and post-test counseling. Since May 1985 115 patients have been counseled and tested. Of the 115 patients, seven were reactive.

During routine physicals of transferred inmates from West Jefferson Correctional Facility, one case of secondary syphilis and one case of early latent syphilis were detected. The STD Program, Correctional Medical Systems and the Department of Corrections decided to test and treat all inmates of the Limestone Correctional Facility. Eight hundred forty-one blood samples were taken, which resulted in 39 positive serologies. Thirteen of these required follow-up, but no new cases of syphilis were found.

The importance of achieving and maintaining high immunization levels was well illustrated in PHA I during 1985. As a result of exposure to a confirmed case of measles in Indiana, 79 contacts were located and their immunization histories were confirmed. This rapid investigation was coordinated through public health personnel in Marion, Morgan, Limestone and Jackson counties. No measles cases related to this exposure were reported.

In August 1985 Area I reported its first culture-confirmed case of pertussis since 1979. From August through December, 11 confirmed cases were reported. There were eight in Morgan County, two in Madison County and one in Lauderdale County. Investigations revealed that most of these patients were either inadequately immunized for pertussis or had no immunizations at all.

PUBLIC HEALTH AREA II

The community's health continued to be the priority of Public Health Area II during 1985. Activities centered on environmental health, family health, community health, dental health and administrative services. PHA II includes the West Alabama District Health Departments—Bibb, Greene, Lamar, Pickens and Tuscaloosa, and Fayette counties.

Total district receipts for the year were $1,690,991.55 and total expenditures $1,687,154.20, leaving a surplus of $3,837.35. Both trailers located behind the Tuscaloosa County Health Department were moved; the single wide to Hale County to be used by West Alabama Health Services and the double wide to the Tuscaloosa County shop area to be used by the county. The moves were in preparation for construction of a 4,000 square foot addition to be used for offices and storage. Opening of bids on this facility was October 3, 1985.

Environmental Health—The past fiscal year was outstanding in the area of environmental health activities. Some measure of the program's impact in the area is indicated by the following staff activities:

- Performed greater than minimum numbers of required inspections.
- Offered training programs.
- Maintained local control for approval of subdivisions.
- Initiated a comprehensive vector control program.
- Inspected more than 300 retail food stores within PHA II.
- Accepted leadership roles in professional organizations.
- Established an internship with Livingston University.
- Developed and expanded computer capabilities.

A count of activities by county is found in Table 2-1.

During the year, three environmentalists were standardized in food inspection. Standardization is accomplished by performing joint inspections with the state

environmental personnel and by comparison of inspection scores along with assessment of office procedures. The local environmentalist must pass with a grade of at least 70 percent compliance with Food and Drug Administration requirements.

The first installation of ADS (Advanced Drainage System) eight inch diameter field line pipe was made at the Forkland City Hall. The new type of pipe is installed without the normal gravel bed. Shortly after the system was installed, failure was noted. Working together with the state, system installers, factory representatives, plan engineers and local environmentalists, repair was made to the failing system which is now functioning properly. Additional field lines were required; the problem apparently being poor percolation of the soils and high water table in the area. The system will continue to be monitored and is considered as a trial for other similar applications.

The City of Vernon implemented a sewer project in the Allen subdivision. This unique project was designed where the septic tank for each house was re-worked to act as a primary treatment tank allowing only the liquid effluent to go into the sewer system. All of the septic tanks had to be rebuilt or replaced in order to meet the design criteria. Each tank was inspected as it was opened and was individually assessed as to its need for replacement.

TABLE 2-1
SELECTED ENVIRONMENTAL ACTIVITIES FOR PHA II
FISCAL YEAR 1985

	Bibb County	Fayette County	Greene County	Lamar County	Pickens County	Tuscaloosa County	Total
Food Inspections	109	307	145	355	343	1,476	2,735
Lunchroom Inspections	72	60	63	50	90	397	732
Day Care Inspections	3	4	1	6	30	146	190
Frozen Dessert Samples Collected	54	43	14	20	51	451	633
San 3's Approved	71	60	10	76	66	706	989
Septic Tanks Approved	96	64	14	93	77	722	1,066
Subdivisions Approved	1	1	0	3	0	29	34
Swimming Pool Inspections	0	0	0	4	0	8	12
Animal Bite Investigations	22	7	3	26	21	77	156
Hotel/Motel Inspections	3	8	4	8	17	49	89
Jail Inspections	4	4	4	8	8	15	43
Private Dwelling Inspections	5	0	0	2	29	157	193
TOTAL	440	558	258	651	732	4,233	6,872

Lamar County was one of the first areas to be included in work by the vector control unit of the West Alabama District Health Department. Efforts were undertaken to capture birds in the county which were bled to test for evidence of possible viral infection. This would, in turn, give early warning of potential St. Louis encephalitis, Eastern equine encephalitis or other vector-borne diseases. This work is to establish base line data as reference for future testing.

Environmental health acquired an IBM PC computer during the year and, following appropriate training, form letters and other word processing were put into the new system. A spread sheet containing all the food establishments and their monthly and average scores was also added to the system.

During the fall quarter of Livingston University, an intern served with the Tuscaloosa Environmental Health Division. The internship was very successful and helped prepare the intern for the position of environmentalist in public health. Since he was the first intern, this was an exploratory period which benefited both the student and the health department.

In November, environmentalists began a survey of all retail food stores in Tuscaloosa and other Area II counties. Using listings when available from the license commissioner, 235 retail food stores were identified and inspected in Tuscaloosa and a total of more than 400 within Tuscaloosa and the other counties. The data collected were compiled to form a basis for analysis. The analysis of the number and type of debitted items and potentially hazardous situations resulted in the establishment of criteria by which permits were issued. The progress of the survey and the criteria were sent to the Bureau of Inspection. Proposed amendments to the existing retail store regulations reflect the criteria as submitted and utilized in Tuscaloosa.

The Tuscaloosa area enjoyed rapid growth in the area of food service establishments with 55 new restaurants, bars and meat markets opening in addition to two new day care centers and one new motel. Thirty-five food establishments closed resulting in an overall gain of 23 establishments.

In May, the West Alabama District Board of Health voted to cease use of the letter grade scoring used in the food program for the district. The decision was based upon a letter written by the assistant attorney general for public health. In the decision to cease such grading the board did not strike down the regulation as adopted, but only moved that it be inactive.

Personal Health Services—Fiscal year 1985 began with scheduling area staff meetings with the nursing staff in each county, initially on a monthly basis for approximately three months and then bimonthly.

School health was a priority in this fiscal year and the superintendents of education were visited in Bibb, Pickens and Tuscaloosa counties. Greene and Lamar county superintendents of education will be visited in fiscal year 1986. A scoliosis screening program was begun in this fiscal year and involved public health nurses in all counties.

A contract with the Capstone School of Nursing was signed and two students were assigned to the Tuscaloosa County Health Center in September 1985. Ongoing conferences with the faculty and health department personnel continue and it is hoped the numbers of students can increase in the future.

The Unified Medical Records system is being used in all counties and integration of clinic services is going well.

The number of communicable diseases reported such as hepatitis B, H. influenza meningitis, meningococcal meningitis and giardiasis increased. The generalized public health nurse assumed responsibility for this follow-up. All clinic data are indicated in Table 2-2.

Hypertension screening outside the health department was begun in Tuscaloosa County twice a week utilizing the hypertensive nurse and clerk from Bibb County. Elevated blood pressures are referred to the Tuscaloosa County Health Center or to a private physician. Screening of blood pressure within the health departments continues as before.

Adult health clinics operate in each county health department where ambulatory patients, with physician orders, may receive services such as injections, dressings, catheter changes and teaching.

In fiscal year 1985 a total of 1,266 prenatal patients were served, which was an increase of 24 patients over the previous year. Total visits for prenatal care were 8,046 which was an increase of 710 visits.

The area family planning program experienced a 1 percent decrease in patients served and an increase of 2 percent in visits. Patients served numbered 5,266 with 14,099 total visits, an increase of 172.

The greatest decrease in child health clinics occurred in Hale County where the clinic was discontinued when the health department was relocated. The total visits were 3,803, a decrease of 769 areawide. Services to Head Start children were contracted in Bibb and Pickens counties.

TABLE 2-2
PHA II CLINIC ENCOUNTERS
BY COUNTY
FISCAL YEAR 1985

Clinic	Bibb County	Greene County	Lamar County	Pickens County	Tuscaloosa County	Total District	Fayette County	Total Area w/o Hale County
Cancer	229	0	299	0	0	528	250	778
STD	50	29	43	104	3,361	3,587	20	3,607
TB	151	223	238	575	4,595	5,782	189	5,971
Skin Tests*	314	156	749	384	2,276	3,879	369	4,248
Immunizations	1,279	1,021	2,012	2,585	8,272	15,169	1,554	16,723
Family Planning	1,246	1,764	834	1,126	6,856	11,826	676	12,502
EPSDT	142	160	74	240	1,354	1,970	113	2,083
Maternity	739	148	174	523	6,149	7,733	313	8,046
Well Child	393	190	284	648	1,887	3,402	206	3,608
Home Health								
Charge	1,522	1,346	2,079	1,578	7,211	13,736	919	14,655
No Charge**	181	241	87	189	501	1,199	144	1,343
Hypertension	2,340	684	0	275	2,602	5,901	42	5,943
Epidemiology Interviews	57	144	88	259	16,334	16,882	75	16,957
WIC	5,177	7,477	4,195	13,057	21,041	50,947	3,667	54,614
Adult Health	348	283	108	213	300	1,252	283	1,535

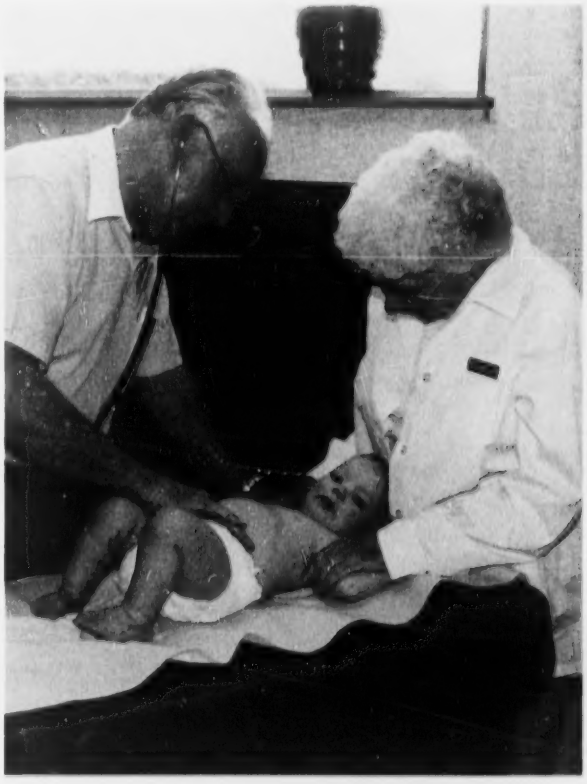
*TB skin tests performed in all clinics
**Visits strictly for supervision and evaluation

The Appalachian Regional Commission grant for the purpose of reducing infant mortality was initiated in Fayette County. Additional equipment was purchased for the obstetrical and nursery departments at Fayette County Hospital. Educational materials were prepared and a series of programs presented at Berry and Fayette high schools. Prenatal services increased through June at which time clinic physician services were withdrawn.

The following numbers of health department patients were served by the Perinatal Project during fiscal year 1985 through the regional hospital; in homes and some clinics areawide; and in the Tuscaloosa, Bibb and Pickens county prenatal and well baby clinics:

- At the regional hospital 625 post-delivery patients had contact with the nurse educator.
- Some 526 infants were admitted to the Tuscaloosa, Pickens and Bibb County maternity clinics, and a total of 7,356 visits were provided. A total of 762 prenatals were admitted areawide.
- The nutrition educator made 2,083 contacts with mothers and children.
- Fifty-four home visits were made by the aide in Hale County in the first six months plus participation in 126 well baby clinic visits.

In addition, a nurse educator was employed for the perinatal project to provide education on teenage pregnancy prevention in junior and senior high schools in



Tuscaloosa, Bibb, Greene and Pickens counties.

Another aspect of the perinatal project initiated this fiscal year was the delivery assistance program designed to provide financial assistance to indigent women who are at medical risk.

Public Health Area II experienced a decrease in syphilis morbidity beginning in 1984 and continuing in 1985. The majority of cases occurred in Tuscaloosa County; nine primary-secondary and six early latent, followed by Pickens County with five primary-secondary and three early latent, Bibb County with two early latent, Greene County with one early latent and Fayette County with one primary-secondary. With this continued low syphilis morbidity it is indicative that there is no indigenous syphilis problem in PHA II. Although a slight decrease in gonorrhea morbidity occurred in Tuscaloosa County an overall increase in PHA II took place, 1,585 cases in 1984 to 1,633 cases in 1985.

Table 2-3 contains information about sexually transmitted disease morbidity in the area.

TABLE 2-3
STD MORBIDITY
1984 AND 1985

	1984		1985	
	Tuscaloosa	*PHA II	Tuscaloosa	*PHA II
Gonorrhea	1,359	1,585	1,335	1,633
Gonococcal Pelvic Inflammatory Disease	80	83	118	125
Primary-Secondary Syphilis	18	23	9	15
Early Latent Syphilis	9	18	6	12

*Includes Tuscaloosa County Morbidity

The most dramatic disease phenomenon occurring in PHA II was in the gonococcal pelvic inflammatory disease program. A drastic increase of 42 cases occurred from 83 cases in 1984 to 125 in 1985. Obviously an important objective for the STD control program in PHA II for 1986 is to reverse this upward trend.

WIC is a Special Supplemental Food Program for Women, Infants and Children. The purpose of this program is to provide approved supplemental nutritious foods as an aid to good health care during critical times of growth and development in order to prevent health problems. Participants in this program include pregnant and breastfeeding women, infants and children up to 5 years of age. All participants must be individually assessed to be "at nutritional risk" in order to receive program benefits. The benefits include foods that have been chosen because they are good sources of nutrients often low in the diets of this population group. The foods are available through local grocery stores by a voucher redemption system.

The WIC program also is designed to educate the participants as to the best use of the WIC foods through two nutrition education encounters provided by nutritionists during a certification period. Each participant is also offered an opportunity for a second encounter where nutrition classes, films or slides are used. Appropriate pamphlets are explained and distributed.

At the end of the fiscal year there were 3,396 WIC participants in Area II. This is a decrease of 587 participants from fiscal year 1984. As noted as follows this may be due to the omission of Hale County. WIC participants by county are listed in Table 2-4.

TABLE 2-4
NUMBER ENROLLED IN WIC PROGRAM
PHA II

County	Number—September 1985
Tuscaloosa	1,323
Greene	515
Fayette	227
Lamar	235
Pickens	762
Bibb	334
TOTAL	3,396

There was a 97 percent participation rate at the end of fiscal year 1985. The average monthly food package cost per participant is $25.30.

Home health for Area II began fiscal year 85 with 244 patients (132 Medicare, 77 Medicaid and 35 disease and disability). This reflects a decrease of 11.5 percent in Medicare, a decrease of 21 percent in Medicaid and a 17 percent increase in disease and disability.

Visits for Area II totaled 14,655 excluding 1,196 visits made at no charge. There were 400 new users of home health care this fiscal year.

Surveys were conducted by the Bureau of Licensure and Certification in Fayette in October 1984, and the West Alabama District Health Department in February 1985. Fayette County received no deficiencies, but the district health department received deficiencies which required each county in the district home health agency to have its own provider number. In April 1985, Bibb, Greene, Lamar and Pickens counties were all surveyed as individual providers of care. Deficiencies were corrected and each county became an individual provider with a provider number.

Discussions continued with both Druid City Hospital Regional Health Center and West Alabama General Hospital in regard to home health contracts. Both hospitals had applied to become home health agencies but the

moratorium on certificates of need had not been lifted.

Record audits continued to be held in the area office with all counties participating. Audit ratings averaged excellent. With the four counties becoming individual providers of home health service, audits are now being done with only two counties participating.

Hospitals began operating under the diagnosis-related grouping system in this fiscal year which resulted in earlier discharge for patients. These patients require more skilled care in the home setting resulting in a small increase in number of visits made in this fiscal year (approximately 4 percent).

Thirty-three new cases of tuberculosis were reported in Area II in 1985. There was one confirmed reactivation, and two cases were transferred from other states. The total number of cases reported in 1985 as compared to 1984 represented a 25 percent decrease in the number of newly reported tuberculosis cases.

The majority of the patients who have tuberculosis will complete their treatment in nine months of uninterrupted treatment. The follow-up of contacts and reactors is more difficult as the source case has the nine months of treatment, and the contacts/reactors have their chemotherapy for three additional months. Education with the source case, contacts and reactors continues to be very important in the prevention of tuberculosis in the future.

A new Tuberculosis program manager was named in June 1985.

Two patients in Tuscaloosa are on directly supervised medication and home visits have been made regularly by the Tuberculosis representative. The program manager visited patients while they were hospitalized, and frequent follow-up visits were made in the home to ensure continuity in the care of the patient.

In the area of dental health, efforts were directed toward dental health education in 40 public schools including kindergarten through sixth grade, with 16,892 students participating. A weekly sodium fluoride mouthrinse program was also conducted in 36 elementary schools involving 14,590 students. Four hundred sixty-three classrooms were shown dental health films, teaching the latest concepts in preventive dentistry. An education workshop was also conducted for 30 patients of Heritage Nursing Home in Northport.

In addition to this, clinical dental treatment was provided to 4,724 children between the ages of 2 and 18. Treatment included routine preventive and operative procedures such as examinations, cleanings, X-rays, fluoride treatments, fillings, root canals, extractions, crowns and space maintaining appliances. The clinic was served by a full-time director and several part-time general dentists. In addition, a pedodontist and an endodontist provided treatment on a part-time basis.

West Alabama District Health Department maintained its delegation of subdivision primary enforcement responsibilities. An audit performed by the Bureau of General Sanitation in May resulted in redelegation for another year, as prescribed in the subdivision delegation regulations.

At the August meeting of the Board of Health, changes were adopted for the existing solid waste regulations. The changes provided for better enforcement of the regulations. Inspection data are found in Table 2-3.

PUBLIC HEALTH AREA III

Public Health Area III is comprised of six counties in Central Alabama. Within Area III are Jefferson County, the largest metropolitan health department in the state, under the direction of a health officer, and the five counties of the Central Alabama Public Health Region (CAPHR) including Blount, Chilton, Shelby, St. Clair and Walker, which are all under the direction of a health officer and local administrators.

The year 1985 was one of change in health officers for Area III with a new Jefferson County health officer, who also was appointed assistant state health officer. The former local health officer for the Central Alabama Public Health Region resigned to become Jefferson County's deputy health officer and another physician was appointed to replace her on July 1, 1985.

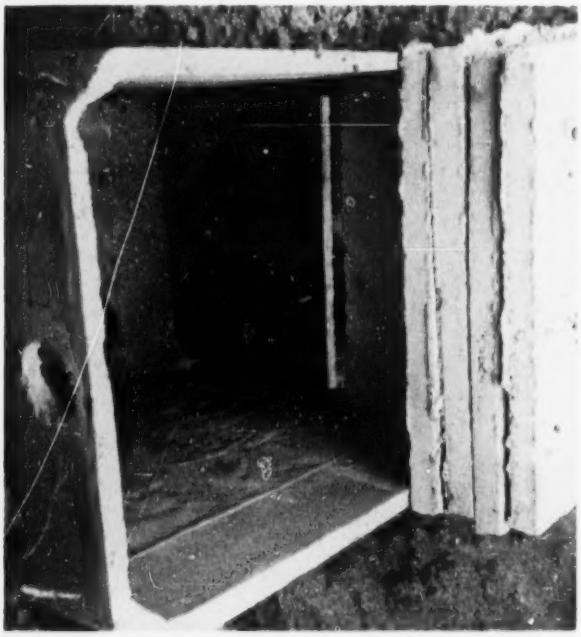
Central Alabama Public Health Region

The procurement of funding adequate to meet the demands for services for CAPHR has been a priority and a challenge in these rapidly growing, predominantly rural counties. Efforts continue to be made to improve the local support for the health department and to better inform residents of the many services available. This local support will be crucial in the coming months as the health department will be faced with increasing budget cuts. Slide presentations describing the range of services have been made to county commissions, city councils, schools, health fairs, community centers, civic groups and the media.

CAPHR has continued to benefit from working closely with Jefferson County. Protocols for emergencies and immunizations, standing orders for home health, gonorrhea and syphilis, and epidemiological investigation expertise are just a few of the ways CAPHR has benefited from its affiliation with Jefferson County.

Environmental Health Services—The year 1985 has been a busy one for the CAPHR environmentalists. Three of the five counties in the region are among the fastest growing counties in the state. CAPHR continues to try to function in the absence of an area environmental coordinator. The local health officer arranges quarterly environmental meetings for the environmental staff in Birmingham but with the growth CAPHR is experiencing, there is a genuine need for an area environmental coordinator to provide the leadership and expertise that is lacking.

In Shelby County a new environmental supervisor was appointed, a new environmentalist was employed and a part-time employee was increased to full time. There was more than a 400 percent increase in the number of subdivisions submitted for consideration in Shelby County and Shelby continues to have subdivision primary enforcement. Beepers have been purchased to maximize the effectiveness of the environmentalists' time and travel in Shelby County.



A resurgence of environmental activities resulted in the establishment of a second full-time environmentalsit position in Chilton County. Food service establishments received closer attention as did the rabies program. The health department was approached by the Chilton County Commission about making changes in the solid waste program and negotiations are in progress.

Solid waste continues to be a problem in all the counties. In Walker the solid waste program is staffed by a full-time employee. Solid waste enforcement has been promoted in Walker through articles in the local newspaper, radio talk shows, and enlisting additional households to be added to the garbage pickup services.

There continues to be a desperate need in rapidly growing St. Clair County for an additional environmentalist, but without more funding from the county commission this is not possible. Several meetings with the county commissions and the local state legislators have failed to produce the needed funds for this position.

Rabid bats were reported in three of the five counties and anthrax in cattle was reported in Blount. The rabies program in Shelby County changes significantly as county veterinarians joined together to promote the vaccination of domestic animals as a group rather than having one rabies inspector. The health department has provided door-to-door follow-up for this year. The result has been a 20 percent increase in rabies inoculations over the previous year in Shelby County.

Personal Health Services—Nursing services were in great demand in all five counties in 1985. There has been a move in all counties to a more generalized nursing program with implementation of extensive cross-training of all staff resulting in more efficient use of personnel and increased provision of services to patients. The Unified Medical Record (UMR) is completely in operation throughout the area. These changes have been essential in assuring progress toward the area goal of integration of services.

The area nursing coordinator initiated regular nursing supervisor meetings held on alternate months for specialized staff development. New nursing supervisors were appointed in Blount and Chilton counties and additional nurses were hired in four of the five counties, predominantly to work in the home health program. The home health program has been a vital part of the health department throughout the area and home health open houses were held in all five counties during Home Health Week in December.

In Chilton County, a home health grant provided a boost to home health services and revenues; and a fee for service was established for this program. The family planning clinic at the University of Montevallo was re-opened and expanded to include residents in the Montevallo area in addition to the university community. Monthly pediatric clinics have been held by the health officer in four of the five counties. Maternity services for the indigent patient are becoming critical, as physicians in four of the five counties have stopped delivering babies.

A $16,000 perinatal grant was approved for St. Clair County by the Region III Perinatal Advisory Committee to assist indigent pregnant women with their delivery costs. A grant for child restraint equipment and activities was approved by the Bureau of Primary Prevention to augment programs in Walker and St. Clair counties. A high-risk infant follow up grant was also approved for the area by the Region III Perinatal Advisory Committee.

With the advent of the Gramm-Rudman-Hollings legislation and the termination of revenue sharing in 1986, other sources of funding remain of vital concern in all five counties. Level funding has been seen in St. Clair County for the seventh consecutive year. Blount County was unable to meet its matching funds for 1986.

Requests for increased funding from municipalities in the counties by the local administrators were met with moderate success this year. This approach will again be made next year. A fee-for-service bill was passed in St. Clair and Blount counties this year, with the money generated going to help offset operating expenses of the health department. It is anticipated that fee-bill legislation will be passed either statewide or locally that will enable Walker County to initiate a fee system during 1986. When this is done, all five counties will have a fee bill.

Outdated, cramped facilities remain a problem in the area. Efforts have been successful in obtaining funding from the Appalachian Regional Commission for a new Walker County Health Department building. An architect has been retained and construction is to begin in 1986. New telephone systems have been installed in Blount and Chilton counties greatly facilitating communication and easier accessibility by the public.

The WIC caseload had climbed from 3,800 in October 1984 to 4,000 by September 1985. The incidence of breastfeeding in CAPHR increased from 10 percent in 1984 to 19 percent in 1985, with local staffs being key facilitators of this significant increase. The development and utilization of breastfeeding education materials within the year were evidence of concerted efforts to enhance the acceptance of breastfeeding in the community.

An immunization protocol was developed for the region patterned after that of Jefferson County and inservices on this protocol are being held in all five counties by the area immunization coordinator. Updates on immunization schedules, protocols and procedures have been made available to all nurses, nurses aides and clerical staff. Immunization clinics were held at the University of Montevallo (Shelby County) resulting in 104 students being immunized against measles and rubella and 47 tetanus immunizations being administered to facility, students and food handlers. The new haemophilus influenza type B vaccine was offered during 1985 in three of the five counties for a fee.

Walker County has completed its first year of written notification to families of all newborns concerning immunization, with follow-up on all high-risk infants. This was attempted to improve immunization levels in children less than 2 years of age and it is anticipated that institution of this written notification will occur in all counties in CAPHR during 1986.

Epidemiological investigations required a lot of staff time in the region during 1985. Several outbreaks of salmonella, shigella, giardia, haemophilus influenza, and hepatitis B occurred throughout the area. Realizing many diseases result from children in day care facilities, a workshop for day care directors and staff was held in Shelby County.

Twenty-eight new M. tuberculosis cases were reported in CAPHR during 1985. This represents a 100 percent increase in the number of cases reported in CAPHR over calendar year 1984. In 1985, there were 25 outpatient clinics and two X-ray clinics held that were staffed by contract physicians and fellows in infectious disease from the University of Alabama at Birmingham. Three patients were placed on direct supervised medications.

Inservices were conducted by area TB personnel in all five counties on the following topics: beginning medications, collecting aerosol sputa specimens, and procedures for sending blood specimens (for liver function studies) to the Clinical Laboratory Administration. An inservice was presented to the infirmary personnel of the St. Clair Correctional facility as a result of an active TB case being reported in the prison system. Inservices on administering and reading PPD skin tests were also presented to prison personnel.

Quarterly staff meetings for the TB nurse coordinators from all five counties began in 1985. It is hoped that this will help improve communication and problem solving in the area. Completion of therapy remains the biggest problem in the area. Priority status will be placed on preventive therapy in the coming year with increased emphasis directed at decreasing the number of patients not completing their recommended therapy. Due to the increased caseload and problems with completion of therapy, a request for another public health representative to work in TB has been made.

During 1985 there were 244 cases of gonorrhea (down from 293 cases in 1984) and 20 cases of syphilis (up from 14 cases in 1984) requiring the attention of area STD personnel. There was an increase in the number of physicians reporting sexually transmitted diseases to the local health departments in 1985. STD clinics in Walker and Shelby counties were changed from evening to afternoon clinics. As a result of this change, there has been an increase in the number of patients seen and it has become a more efficient operation.

The discovery in 1983 of a retrovirus, human T-lymphotropic virus Type III (HYLV-III), as the probable cause of Acquired Immunodeficiency Syndrome (AIDS) led the way to the development of a test to detect antibody to HTLV-III in human serum and plasma. Enzyme immunoassay (EIA or ELISA) tests to help detect antibody to HTLV-III were licensed in 1985.

In May 1985 the Alabama Department of Public Health

instituted an alternate test site (ATS) program for HTLV-III testing with five test sites established: Birmingham, Tuscaloosa, Huntsville, Mobile and Montgomery. Each site provides pre-test counseling, ELISA tests with the more specific Western blot test used when ELISA is reactive, and post-test counseling.

Since May a disease intervention specialist assigned to CAPHR has spent time as an ATS counselor. From May 17 through December 30, 1985, approximately 1,144 telephone calls were received and 450 individuals were scheduled to discuss HTLV-III antibody testing. Of this number, 285 individuals were counseled and 261 individuals were tested. Of the 261 individuals tested, 49 had positive ELISA tests and 47 of these had positive Western blot tests. At the time of post-test counseling, all individuals with reactive ELISA and Western blot have the opportunity to see a health department physician for a brief examination and to discuss the medical aspects of their positive test.

Overall, the county and area staffs in CAPHR have spent a busy 1985. Goals for the area continue to include further integration of services in all five counties. With indigent prenatal care in jeopardy statewide, a second goal is to continue to offer maternity clinics in all five counties. The third goal is the development of an areawide environmental supervisor position to greatly facilitate environmental programs, to give support to the local environmentalists, and to provide consistency in handling problems throughout the area. And last, but not least, is the goal of finding more sources of funding. With the advent of the Gramm-Rudman-Hollings legislation and subsequent budget cuts, as well as the loss of revenue sharing for the counties, it will be critical to develop more local support and find more potential sources of funding to survive.

Jefferson County

The Jefferson County Department of Health installed a new and larger computer system during 1985 and implemented a central billing and record system based on a standardized patient encounter form. With more than 30 new terminals installed in locations around the county, personnel of all health centers are now in immediate touch with all needed patient information.

Environmental Services—The Air Pollution Control Division continued to consider means of reducing Volatile Organic Compound (VOC) emissions enough to achieve the National Ambient Air Quality Standard for ozone. A public hearing was held in June 1985 to receive views of the public concerning control strategies.

In November the Board of Health adopted new VOC regulations based on Stage I controls. These provide for vapor controls on gasoline storage facilities and transport vehicles and for control during transfer from vehicles to service station storage tanks. The regulations also require compliance plans for some metal coating industries that were previously exempted.

During fiscal year 1985, the Air Pollution Division performed 1,810 inspections and 433 visible emissions evaluations. The staff investigated 536 complaints, observed 432 violations, and issued 162 notices of violation and 111 open burning advisory notices. Litigation was entered against two local companies.

Development of both residential and commercial properties with on-site sewage disposal systems continued to accelerate. The Sanitary Engineering Division received applications for 1,854 on-site sewage disposal systems. Plans for 416 alternate on-site sewage disposal systems (other than conventional septic systems) were reviewed and approved, and 2,597 inspections were performed on existing pools and whirlpools.

A new solid waste program eliminated 118 (34 percent) of the 346 unauthorized dumps discovered during the year.

Food service sanitarians made 12,883 inspections of 3,058 food service establishments. Official notices requiring compliance with regulations were issued for 1,175 critical violations. Plans and specifications for 90 new food service establishments were reviewed.

The Rabies Control Center received 16,248 requests for service or information, impounded 7,937 dogs and quarantined 117 for observation during fiscal year 1985.

In the first nine months of 1985, 1,195 X-ray tubes located in 789 facilities were inspected. This is more than 87 percent of the 1,367 tubes registered in the county.

Personal Health Services—Jefferson County's health centers provided 273,560 patient visits during the fiscal year, an increase of more than 10,000 over the previous year. The small center at Tarrant was closed on April 1. Most of its patients were transferred to Eastern Health Center, producing a big increase in activity there. Central Health Center also showed a substantial increase in patient visits. Two centers continue to provide primary care in cooperation with Children's Hospital and Cooper Green Hospital.

The home care program provided services to 1,996 homebound patients, making a total of 55,617 home visits. Emphasis is placed on helping family members develop the skills necessary to care for the elderly or handicapped in the home. Psychiatric nursing is now being offered to home care patients, and accounted for 551 of the home visits made during the fiscal year. The hospice program for the terminally ill continued to grow, with a 10 percent increase in patient referrals and a 38 percent increase in total home visits.

A car seat loan program was begun in 1984 to make infant car seats available to financially eligible families. Through the help of the Alabama State Department of Health, toddler seats were added to the program in 1985 and special seats for handicapped children were provided through United Cerebral Palsy.

A grant-supported adolescent pregnancy prevention

project is now well into its second year. The program, called ADAPT (Avenues of Dialogue for Adolescents, Parents and Teachers), offers educational materials and helps teachers and parents of adolescents to develop communication skills.

The Tuberculosis Control Program investigated 153 suspected tuberculosis cases and confirmed 85. This represents a 30 percent decrease over the previous fiscal year.

The year was marked by increases in incidence of syphilis and gonorrhea and by rising concern about Acquired Immune Deficiency Syndrome. The department recorded more than 20,000 visits to the Sexually Transmitted Disease clinic and conducted more than 5,000 investigations. Counseling was given to 282 persons at high risk for exposure to HTLV-III, the virus associated with AIDS, and 260 were tested for antibodies to the virus.

Program audits show that 98 percent of all children who attend a licensed child care center, public or private school in Jefferson County have proof on file that they have been immunized for standard vaccine-preventable diseases.

Two research grants were awarded the department to provide follow-up on non-A, non-B hepatitis patients and to attempt to identify previously unrecognized sources of infection with hepatitis B or non-A, non-B.

Dental health programs reported increases in clinic visits at both its fixed clinics and mobile clinics. Portable dental equipment made it possible to provide additional services to the homebound and institutionalized patients. A total of 34,722 dental appointments were kept.

The Bureau of Nutrition gave puppet parties at health centers and public libraries to help preschoolers learn about nutrition by seeing, smelling, touching, tasting and hearing about healthy foods. The puppet show, called "Hungry As a Bear," starred Corky Bear whose message was to eat with care.

The average monthly case load for the WIC supplemental food program rose to 12,736.

Western Mental Health Center continued to feel reductions in federal funding and a simultaneous increase in demands for service. Despite the economic recovery, this center still serves large numbers of unemployed persons. Almost 90 percent of its patients are below the poverty level. During the year, the center treated 2,513 clients, providing for 20,426 visits.

PUBLIC HEALTH AREA IV

The organizational structure of Public Health Area IV which was essentially completed in calendar year 1984 was proven to be highly efficient in 1985 as an established link between the state-level programs and the county health departments. Several modifications of the present organizational structure are under consideration. Briefly, the needed changes are as follows. No administrator is to

be responsible for more than two county health departments; an areawide home health coordinator should be added; the position of professional health educator should be changed to a registered nurse; some public health representatives should be changed to registered nurses; and more program responsibilities should be designated to registered nurses and clerk typists at the local level. Implementation of the changes will depend upon the approval of the state health officer and, in some cases, the availability of funds.

Major renovations of two health departments were completed in 1985. In Chambers County the health department in LaFayette moved into a completely renovated building located on the courthouse square downtown. This facility is much more accessible to the general public than were the old quarters, and an increase in services rendered is anticipated. In Etowah County the health department reoccupied a totally renovated structure to which an entirely new section was added. The increased working space and updated facilities are expected to add to the Etowah County Health Department's capabilities in providing public health services.

In fiscal year 1985, funding deficiencies at state and local levels continued to affect adversely the delivery of a full range of services from most local health departments where, as in Etowah County, a nine employee lay off was implemented. In Talladega County six persons were laid off and in other counties resignations and retirements had caused staffing shortages and it was impossible to hire personnel to fill vacancies. Although at less than optimal levels, local funding in fiscal year 1985 was 11.5 percent more than in fiscal year 1984 and the outlook for fiscal year 1986 was more optimistic with yet another 11 percent increase over fiscal year 1985. In fiscal year 1986 five counties in Public Health Area IV increased funding, two decreased funding and four did not change. For a second consecutive year, Tallapoosa County failed to raise enough money locally for the state matching money, and was the only county in the area to do so.

No effort was spared in obtaining grants for Public Health Area IV. A third continuation of its grant from the State Perinatal Advisory Committee was increased by 184.2 percent to a total of $270,000. A grant of $16,520 from the Office of Highway and Traffic Safety for increased use of child restraints allowed the purchase of 136 infant and 194 toddler restraint devices and to institute or supplement existing loan programs to the extent that such restraint loaner programs are now active in all counties of the area.

A local fee bill was enacted by the legislature and implemented in Talladega County. Initial estimates of additional revenue for that health department approximated $4,000 per month. Because a statewide fee bill had failed, the state health officer agreed to having each county attempt to pass its own bill. As a result every county board of health in PHA IV approved and supported a local fee bill, several of which are expected to be introduced to the Alabama Legislature.

The assistant state health officer continued attending regular meetings of each county board of health. Increased interest on the part of board members resulted from expanded written agendas with supporting documents and the attendance of the local county health department's administrator, nursing supervisor and environmental supervisor. An effort was undertaken to expand attendance at board of health meetings by inviting local and county officials, members of legislative delegations, representatives of the press and prominent citizens. Some success in this latter effort was being realized as calendar year 1985 ended and greater attendance is anticipated for the coming year. The assistant state health officer attended 33 county board of health meetings in calendar year 1985.

Environmental Health Services—One of the area's major environmental programs in 1985 was primary enforcement of subdivision regulations. All 11 counties began to carry out this responsibility on October 1, 1984. During the year 10 of the 11 counties reviewed and approved 80 subdivisions.

The state Bureau of General Sanitation conducted an annual audit as required by regulations and only a few minor discrepancies were noted. The division director noted in an article printed in *Alabama's Health* that the evaluation team was impressed with the initiative of all PHA IV subdivision personnel in seeing that subdivisions were properly submitted, evaluated, tested and developed in accordance with the Subdivision Sewer System and Water Supplies Rules.

In the food sanitation program, PHA IV was below standard in the number of inspections performed. Plans are being made to improve this in the coming year. Soft ice cream performance, however, was increased by 5 percent.

All of the area's environmental supervisors have been standardized and they have, in turn, standardized seven local environmentalists who work in food operations. In 1985, 223 food managers completed the food certification course as opposed to 366 in 1984. Special emphasis was placed in mini-courses with 18 conducted and 350 food personnel attending. All courses were taught by area environmentalists.

Solid waste continues to be an important program of Area IV. Cleburne County was added to a list for the house-to-house method of garbage pickup. Presently none of the 11 counties in the area has house-to-house service. Tallapoosa and Clay counties remain on the canister system. DeKalb, Etowah and Calhoun counties had extensive cleanup campaigns while Coosa, Clay and Chambers counties also sponsored programs.

Twenty-two solid waste collectors were issued permits and 2,174 or 26 percent of the total state enforcement actions were by PHA IV. Reductions in local funding for solid waste will be a problem in 1986, it is anticipated.

Newly adopted camp regulations were first used in 1985

and no significant problems were encountered. A new inspection sheet and method of scoring were developed. During 1985 the required number of inspections was made and some 30,000 campers enjoyed the activities at camp. The Alabama Department of Public Health adopted similar regulations in December 1985.

Rabies continues to be on the increase throughout the state. In Area IV cases have increased from 9 in fiscal year 1984 to 10 in fiscal year 1985. The state has almost doubled its cases in the same time frame. One special project for 1985 was conducting a rabies inspection workshop in Area IV. A goal of increasing the number of animals vaccinated in 1985 was set and all counties have since reported an increase in vaccinations.

Jails and jail inspections have been emphasized in the past. All inspection requirements have been met. Randolph County opened its new jail while a new jail in Calhoun County is 85 to 90 percent complete.

Of the 15 environmental program performance measures reported in 1985, Public Health Area IV was 100 percent or greater in compliance with the following programs:

Sampling of food products 105%
Food manager training 141%
Hotels and motels 131%
Jails 122%
Camps 204%
Hotel/motel permits 100%
Subdivision compliance 100%
Septic tank manufacturers 100%
Solid waste enforcement actions 2,174
(26% of total state actions)

The area was not 100 percent in compliance in the six programs listed in Table 2-5, but was above the state average in most measures reported.

TABLE 2-5
ENVIRONMENTAL PROGRAM COMPLIANCE
1985

	PHA IV	State Average
Inspection Food Establishments	84%	89%
Pumpers	17%	71%
Food Legal Notices Abated	81%	76%
Maintain Average Rating Score	88%	89%
Reports Forwarded to State Health Dept.	70%	61%
Schools	97%	94%

Other items of interest include day care centers, nursing homes, hospitals, environmental equipment and legal aspects. The environmentalists' role in day care centers, general sanitation, food and surveys of immunization records are vital and are having a positive impact. The volunteer inspection program of nursing homes and hospitals has helped the food program of these facilities and their clients as well. Area IV is well equipped to properly serve the public health needs. Legal aspects can sometimes be a problem with environmental activities. In 1985 one special project was to bind all the legal formats necessary in environmental work and to make sure all environmentalists had a copy.

In summary, Public Health Area IV had a good year. Working with fewer environmentalists on the 11 county staff, no situations arose which could not be handled satisfactorily nor were there any dramatic negative problems affecting public health.

Personal Health Services—Appalachian Regional Commission grants which permitted the expansion of home health services in calendar year 1984 were continued in calendar year 1985. This expansion combined with the implementation of the diagnosis-related grouping reimbursement system were important factors in increasing home health visits from 41,843 to 53,991 or 22.5 percent in addition to the 66 percent increase achieved during the previous year. It has become apparent that the funds derived from the home health service are essential to the fiscal integrity of the county health departments.

The assistant state health officer has attempted to broaden the base of home health services to include not only skilled nursing and aide visits, but also physical therapy, speech therapy, medical social work, respiratory therapy, occupational therapy and other such disciplines as the physicians require for quality care of patients. Great emphasis has been placed by the assistant state health officer on closer supervision of the home health programs. This has, in time, increased the responsibilities of local program coordinators and pointed out the need for an areawide home health coordinator.

The Etowah County Health Department's home health service with more than 18,000 visits per year became the first county unit in Public Health Area IV to contract with a local hospital for all home health services other than skilled nursing and aide services. In April the Etowah County Health Department contracted with the Baptist Memorial Hospital in Gadsden for all such services with the result that there has been a significant increase in quantity of patients as well as quality of care for those patients. Similar negotiations are presently underway between the Calhoun County Health Department and Stringfellow Memorial Hospital in Anniston, and interest has been expressed in two other counties for the development of a similar relationship.

The relatively confident outlook with which home health was viewed in Area IV during calendar year 1985 did not extend to maternity clinics which were closed in DeKalb, Cherokee, Tallapoosa, Coosa and the southern half of

Talladega counties. These closings were attributed to the lack of physician support and the rapidly escalating malpractice insurance crisis. These closures represented 50 percent of all maternity clinics in PHA IV. The closures occurred despite a grant from the State Perinatal Advisory Committee which permitted a payment of $150 to the physician and $150 to the hospital for care of any patient from county health department clinics.

Women, Infants and Children programs remained essentially stable despite the adoption of more stringent eligibility requirements and constant staffing problems due to the difficulty of obtaining qualified nutritionists.

The Tuberculosis program in Public Health Area IV served as a pilot study in which all prisoners in the 11 county jails were skin tested. Twenty-four reactors and one new case of tuberculosis were identified as a result of that study.

Last year's modification of the immunization program in the hiring of a registered nurse coordinator and the inclusion of the responsibility for the reporting of notifiable diseases and all related epidemiology proved to be a success. Not only did the area do on-site surveys of all schools in kindergarten through twelfth grade, with 98.7 percent compliance, all licensed day care centers were surveyed at least quarterly with 94 percent compliance. It is of interest to note that day care center compliance has not required a single enforcement action, but has resulted from the establishment of a close working relationship between health department and day care center personnel.

A further expansion of the program was effected when in January 1985 Public Health Area IV began the immunization assessment of 100 percent of all newborns. Close working relationships between the registered nurse/immunizations/epidemiology coordinator and infection control committees, medical records offices, hospital laboratories, emergency rooms and area physicians resulted in a marked increase in the reporting of notifiable diseases and resultant epidemiologic activity.

The first annual PHA IV epidemiology/immunizations workshop was conducted with participation of all 11 county health departments and representatives of area hospitals. The result of this increased activity and involvement on the part of the immunizations/epidemiology coordinator is that the area office has become a resource center for physicians, hospital and other medical personnel and the lay community with respect to communicable diseases, including AIDS, as well as a source of information for international travelers.

The expansion of the hypertension program to include mass screening in the seven counties not having state-supported intervention programs resulted in the screenings of 10,972 persons with the referral to local physicians of 1,740 persons found to be hypertensive. This most satisfactory performance was the result of obtaining the part-time services of a registered nurse who serves as hypertension program coordinator for

Public Health Area IV. This success also brought into question the advantages of maintaining a few hypertension intervention programs when a mass screening program could be established in every county. This could be done with no increase in expenditures of funds, and perhaps less.

PUBLIC HEALTH AREA V

Public Health Area V is the second largest public health area in the state in terms of both land area and population. It is composed of 18 counties in the Southeast quadrant of the state.

Population and population changes are important demographic indicators for health planning purposes. Seven major growth areas have been identified: Andalusia, Dothan, Enterprise, Opelika, Ozark, Montgomery and Troy.

Sixteen counties are under the supervision of six health services administrators, while two counties in the area are staffed with local health officers. The administrative structure of Public Health Area V includes an area administrator and coordinators for all the major programs.

The continuing emphasis for 1985 has been on accountability and productivity. As part of this process the assistant state health officer meets regularly with program coordinators and county personnel to analyze programs with regard to availability, accessibility, cost and quality of services provided. Using the statistical information available, each program is evaluated and a realistic set of goals and objectives is adopted for each county.

Program performance and cost analysis reports are used extensively to provide managers the methodology for identifying county programs' strengths and weaknesses. These reports also allow the counties to compare their results for the purpose of sharing problems and solutions and help counties understand their contributions to overall performance on the state and area level.

In 1985 construction began on the new building for the Houston County Health Department. Money for the construction was obtained from federal sources and county funds in the amount of $250,000 federal and $850,000 county. The new building is located at the Houston County Farm Center on the corner of Ross Clark Circle and Cottonwood Road in Dothan.

Environmental Health—Continued efforts to standardize the way local environmentalists interpret and enforce regulations governing food service establishments were made in 1985 because of the importance of uniformity in the enforcement of law. Two environmentalists received training in this area during the year. Current plans are to continue this process until at least one environmentalist from each county has received the training.

The Critical Item Summary Report continues to be a tremendous asset to the food inspection program in Area V. This plan, developed jointly by state and local personnel, was developed in 1984 to assure complete and accurate identification and correction of all critical sanitation violations in food establishments. Legal notices are issued for all critical sanitation violations, and rapid follow-up assures correction of these violations. Environmentalists in Area V issued 2,913 legal notices for violation of critical items of sanitation. Of the 2,913 legal notices issued, 90 percent were abated.

Area V continued to have an alarming number of laboratory confirmed cases of animal rabies in 1985. Of the specimens submitted to the Clinical Laboratory Administration 93 were positive for rabies, resulting in the distribution of 478 doses of human diploid cell rabies vaccine to 158 exposed individuals, more than half of the state's total. Consultations with the Bureau of Epidemiology and Consultation and private physicians guarantee careful use of these extremely costly vaccines.

Because of the higher incidence of rabies, many of the counties plan to continue the door-to-door vaccination surveys with mandatory vaccinations of all unimmunized pets. In 1985, Area V immunized 51 percent of the total pet population, compared to 37 percent for the state as a whole.

Counties with door-to-door surveys achieved 62 to 66 percent immunization levels. Two more counties will undertake this survey next year.

In September 1985 subdivisions, septic tank manufacturers and schools with on-site sewage disposal were surveyed by county health departments for compliance with current regulations. The survey revealed that 100 percent of the subdivisions recorded in county probate offices had been approved by the health department, 94 percent of the school on-site sewage disposal systems were in compliance, and 96 percent of the septic tank manufacturers had been licensed.

Local environmentalists continue to emphasize the importance of fluoridation of public water supplies. Six communities in Area V have passed ordinances to fluoridate but have not yet begun to do so. The reason for not fluoridating is financial. The problem includes both the initial cost of equipment and the cost of operating the system. The fact that public water supplies are now the responsibility of the Department of Environmental Management complicates the position of the health department in promoting the adoption of this important health measure.

Personal Health Services—The most obvious change in clinical services has come with the areawide implementation of the Unified Medical Record system. The experience gained from pilot programs in Autauga and Houston counties has been of special benefit in implementing the records in the remaining counties. Almost every health department employee has been cross-trained to participate in all clinics. This facilitates clinic coverage when staff are on leave and also improves clinic flow. These changes shift emphasis from programs to individuals and improve accessibility to services.

The importance of the Unified Medical Record is most clearly demonstrated in the maternal and child health programs. Services such as WIC, immunization and Medicaid screening can be coordinated not only for the convenience of the patient and staff but also for the improvement of service. Complete Unified Medical Records reduce unnecessary visits and avoid duplication of services.

In 1985 78 new cases of tuberculosis were reported in Area V and two other cases were reported in residents of a neighboring state. This is a decrease of six cases from 1984.

Eleven patients were placed on supervised therapy during 1985. One recalcitrant patient was confined to Kilby Correctional Center. Nine patients were admitted to TB contract beds at St. Margaret's Hospital in Montgomery for a total of 194 days. One patient from Area V was admitted to Baptist Memorial Hospital in Gadsden for a period of 17 days.

A skin test survey was held in the Dothan City Schools for grades 1, 7 and 12. Only one significant reaction was recorded from the 1,350 skin tests given.

Compliance continues to be a problem, despite the more aggressive attack on non-compliance both for cases and preventive therapy patients. Even those on supervised biweekly therapy must be compelled to take their medication.

In the immunization area, 24.7 percent of the 283 schools in the area were audited. The number of school systems involved in the audits included 26 of the 32 systems. Audits of 41,034 school records revealed 40,319 with certificates of immunization, for a 98.2 percent

compliance rate. Day care center immunization levels were 86.41 percent. All day care centers were visited during the year. All 23 of the area's hospital delivery units were also visited to provide immunization information for new mothers. Many colleges and junior colleges were visited to encourage administrators to require immunization of their students.

The Sexually Transmitted Disease Program provides scheduled clinics in Houston and Montgomery counties. In the more rural counties, local health department nurses are taking increasing responsibility for the program in cooperation with the STD staff. Area V saw a 15 percent decrease in the primary and secondary syphilis rate and a 2 percent decrease in early latent syphilis. Penicillinase producing *Neisseria gonorrhoeae* increased with 62 cases reported in 1985. There had been just 17 cases reported in 1984. Eighty-eight cases of gonococcal pelvic inflammatory disease were reported, and eight cases of chromasomally mediated resistant *Neisseria gonorrhoeae*.

Crenshaw County had its first suspect case of AIDS in a school which resulted in a statewide policy for students with positive tests.

In Area V the number of patients receiving home health services increased from last year, from 2,798 of those in need to 3,093 for 1985. The services in 1985 were provided in a total of 105,786 visits.

Area V's in-home service program continued in 1985 in Coffee, Dale, Geneva and Henry counties. This program is funded by the Alabama Commission on Aging through the Southeast Regional Planning and Development Commission. It sends home service workers into the homes of elderly residents to assist with such needs as cleaning and shopping. Although it is not a regular health department program, county commissions appealed to the health departments to administer this program. In fact the in-home service frequently identifies patients needing skilled nursing care, thus relating to the area's home health program.

The Covington, Crenshaw and Butler county health departments completed the home health grant period in September 1985. The participation in each program showed an increase over 1984. Physical therapy services now are offered in all three counties for children and adults.

Cancer detection clinics provided service to 4,731 women in 1985, or 8 percent of those in need, a decrease over last year's 9 percent. The decrease can be attributed to the specialized cancer detection nurse being transferred to another program.

The number of family planning patients remained the same, 18,805 in 1984 and 1985. Visits decreased from 46,315 to 46,043 because the patients now are given a year's supply of contraceptives at each pill pickup.

Well child clinics served 6,460 patients in 1985, down from 7,443 in 1984. Visits by these children decreased from 14,849 to 13,747. Nine counties have physicians attending the clinics.

Maternity clinics served 3,436 patients, an increase over last year's 3,319. Ten counties have physicians attending the maternity clinics.

PUBLIC HEALTH AREA VI

Public Health Area VI includes 13 counties in Southwest Alabama. Three local health officers direct Mobile County, Dallas and Wilcox counties, and the Gulf Coast District (Baldwin, Conecuh and Escambia counties). Four health services administrators provide management in six counties. One county, Perry, is managed from the area office. The cities of Mobile, with a population of 200,452, and Selma, with a population of 26,684, are the largest cities in the area. The remainder of the counties have a large rural population.

Environmental Health Services—The environmental health programs of PHA VI have made substantial gains during 1985. Progress in both qualitative and quantitative aspects of environmental services were possible due to systematic program planning, increased in-service training, and the diligent efforts of local environmental staffs.

Public Health Area VI environmentalists are challenged by large geographic areas of responsibility and widely distributed population centers. The current ratio of environmental staff to square miles of area is 1:818, excluding Mobile County. The ratio of staff to population is 1:23,000, excluding Mobile. With Mobile County included the ratio is 1:26,000. Such large ratios in area/population to staff require local environmentalists to preplan activities in order to more efficiently use time and resources.

Regular inservice meetings were initiated by the environmental coordinator during 1985. These staff meetings have been invaluable in attaining a more uniform application of environmental rules and policies. These meetings are also used to discuss problems incurred by county staff and to receive further training in the environmental field.

To upgrade the quality of food service, the area environmental coordinator has worked with the Bureau of Inspection to standardize the local environmentalists in food inspection rule interpretations. Four environmentalists were standardized in 1985 and more are scheduled for training in 1986.

Eight county and city school systems were surveyed by the Bureau of Inspection. To implement changes which might strengthen the local program, the area coordinator meets with the state and local food inspectors to review survey reports of the local food establishments.

The 1985 opening of the Tennessee-Tombigbee Waterway did not bring the sudden economic growth that many experts and politicians predicted. However, with attention on the future environmental impact of this national development and concern over the current

problems of sewage disposal, the area coordinator has worked with the Bureau of General Sanitation to provide two areawide seminars on on-site sewage disposal.

A major concern of PHA VI staff is the westward movement of rabies within the state. The epizootic which is in the Southeast part of the state (PHA V) appears to be threatening this area. Counties adjacent to the boundary with PHA V have seen an increase in rabies activities. Past low incidence of rabies within PHA VI has led to apathy among animal owners with respect to rabies vaccinations. To draw attention to the problem, one health department conducted a county-wide "Rabies Day." Other counties have conducted various programs to increase attention and compliance with state laws concerning proper vaccination of pets.

While 1985 has seen advances in the environmental program, much work remains to be initiated and completed in Public Health Area VI. The anticipated placement of computers in county health departments and addition of environmental staff should further increase the quality and number of environmental services offered within the area.

Personal Health Services—A slight increase was recorded in the number of patients served in the maternity and child health programs. Optimal maternity services for indigent patients continued to be hampered by the lack of physician support. Five nurse practitioners in the 12 counties outside of Mobile helped the local departments meet 63 percent of the estimated in-need maternity population and 31 percent of the well child in-need population.

Three PHA VI staff members and the Mobile County health officer now serve on the Regional Perinatal Advisory Committee. These individuals have continued to encourage funding for indigent prenatal care through private physicians' offices. However, funding for this service continues to be inadequate and was exhausted by the third quarter of the year.

The Regional Perinatal Advisory Committee continued to endorse the High-Risk Prenatal Outreach and Infant Follow-Along Program. This team from the University of South Alabama Medical School is an important resource to local health departments within the area.

The Pine Belt Regional Birth Defects Prevention Council continues to address the educational and service needs regarding prevention of birth defects. Staffed by the University of South Alabama Department of Medical Genetics and personnel from local health departments, this group continued to offer clinic services at the Monroe County Health Department, a central location for PHA VI.

Cancer Detection services are now available in all local health departments. The number of patients in 1985 increased slightly from the previous year. The number of jet washes was due to new training provided to the area obstetrics-gynecology nurse practitioners.

The Family Planning Program continued to operate in 17 clinic sites, excluding Mobile County. In these clinics, 37 percent of the in-need population was served. A Family Planning Advisory Council was formed in 1985 to determine how to better meet the target population of this program.

The number of WIC patients seen in 1985 decreased slightly. However, the addition of an area nutrition coordinator and emphasis upon providing more comprehensive services by blending WIC with other local department clinics sets the stage for progress in the coming year.

The number of day care center immunization records checked continued to be high as a result of using local environmentalists and nurses. This system reduced travel time and costs for the area immunization staff. As a result of emphasis placed upon high-risk patient reporting and local accountability for vaccine loss, improvement was noted in these elements of the program.

Baldwin, Dallas and Mobile counties continued to operate scheduled sexually transmitted disease clinics. Private physicians and public health nurses, with the support of area sexually transmitted disease representatives, handled the problem in other counties.

Mobile County was one of the five sites in the state to provide AIDS antibody testing through the STD clinic. One hundred six individuals received the HTLV-III blood screening test and 19 of the tests were positive. None of those who received the test has been diagnosed as having the disease, although seven cases have been diagnosed from other agencies in Mobile.

PHA VI had 5,174 cases of gonococcal infection in 1985. One hundred twenty-five cases of gonococcal pelvic inflammatory disease were reported. There were 19 cases of penicillinase producing *Neisseria gonorrhoeae*. Primary and secondary syphilis cases decreased by 11 percent; 240 cases in 1985 compared to 251 cases the previous year. There was a 29 percent increase in total syphilis cases; 475 cases to 504 in 1985.

Mobile and Dallas counties continued to report the largest number of tuberculosis cases in PHA VI. Mobile County had 45 new cases, down from 52 in 1984. Dallas County, with the highest new case rate in the state, had 19 cases in 1985, down from 21 cases in 1984. The area reported 97 cases in 1985, 16 less than the 1984 number.

The rural counties with a small case load continued to refer their patients to local hospitals or a central health department for X-rays. The X-ray results are then monitored by the area tuberculosis physician coordinators. The Mobile County X-ray clinic remained open daily.

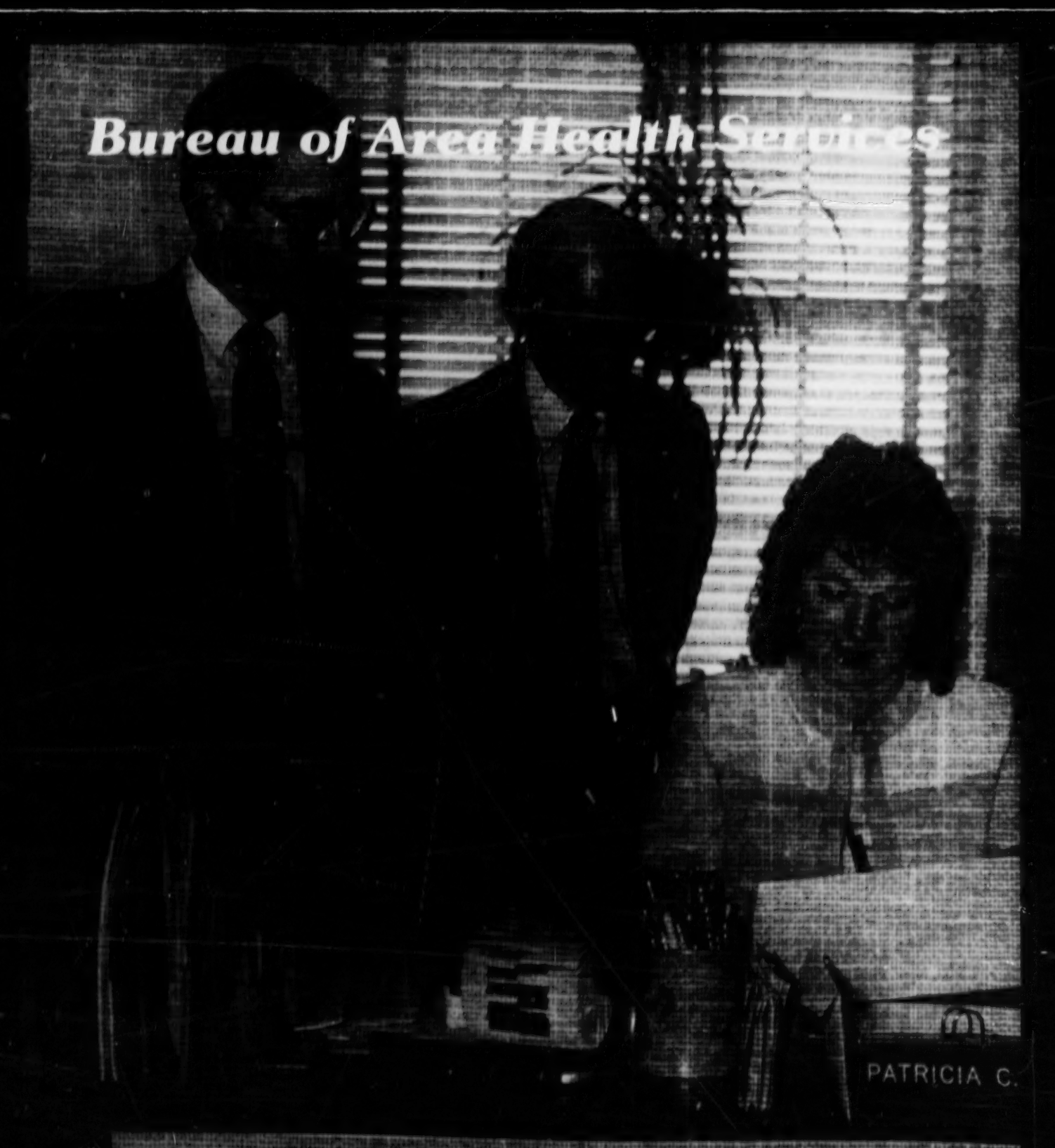
The Home Health Program continued stable in the majority of PHA VI counties. Federal guidelines limiting hospital utilization have led to public health nurses facing more critically ill patients than in the past. This challenge has been met by new emphasis on the development of more highly skilled nurses. Bimonthly training sessions with the local nurse supervisors, conducted by the area nurse director, and training workshops conducted by the Bureau

of Public Health Nursing have helped meet this challenge. A number of local nurses have attended special workshops conducted by state universities to further enhance their home health skills.

To fund the cost of maintaining and upgrading these nursing skills, third-party reimbursements (Medicare and Medicaid) are essential. To have a voice on state and national reimbursement policy as it impacts upon home health, area and local management personnel have assumed a more active interest in the Alabama Association of Home Health Agencies. A number of PHA VI employees are now serving active roles in the organization made up of public and private home health agencies. Each county unit has also developed a comprehensive marketing plan to create better awareness of the program by physicians and the community.

A more systematic approach to public health management was provided by a management program in PHA VI. Meeting together, the area and local managers set goals in each program. Quarterly, these goals are monitored in conjunction with the state Program Performance Report and current cost accounting figures. By pooling the knowledge of the county and area staffs and analyzing the strengths and weaknesses of the programs, greater teamwork is developed to manage the complex public health needs in Southwest Alabama.

Bureau of Area Health Services



BUREAU OF AREA HEALTH SERVICES

Management support services for the state health officer and the assistant state health officers were major activities of the bureau in 1985. The bureau handled numerous assignments from the state health officer and served as a coordinating point for public health area management and county health departments. Management of Public Health Area VI and direct management of one county health department were provided by the bureau.

A survey of the physical condition of the county health departments was conducted, revealing that a mounting need exists for capital improvements in physical plants and equipment. Many of these buildings were constructed with Hill-Burton funds in the 1950s and 1960s. Survey findings indicated 22 percent of the buildings were rated in fair to poor condition, structural condition was fair to poor in 13 percent, plumbing was fair to poor in 29 percent, heating fair to poor in 28 percent, treatment space adequate in 35 percent, features for the handicapped were lacking in 57 percent, and the treatment equipment in 21 percent of the departments was fair to poor.

The Preventive Health and Health Services Block Grant administered by the Bureau of Area Health Services was $1,667,000. These funds were used to support the branch laboratories (48 percent), hypertension services (19 percent), emergency medical services (12 percent), and the remainder for fluoridation promotion, vector control, health education and rape prevention. Rape prevention services, mandated by the federal legislation, are provided by five rape prevention centers.

A continuing function of the bureau is maintenance of the program performance report, a major management tool of the Alabama Department of Public Health. Performance measures are established for major areas of activity within each program and performance is documented each quarter, as well as unit costs of the program. The format of the report provides information by area as well as statewide. This report also serves as the basis for performance measures submitted to the State Budget Office for use in the state budget process.

The bureau provided continuing support to the Unified Medical Record project in the county health departments through consultation regarding use of the filing system and assistance in obtaining forms and supplies. The bureau keeps up with needed changes and revisions to the Unified Medical Record Instruction Manual and has compiled a number of revisions to be issued early in 1986. The bureau also monitors the monthly inventory of Unified Medical Record forms in the counties and assists with the ordering of file folders, shelving and other supplies as needed.

Implementation of computer capability in local health departments was examined by an independent study of the

state and local health departments' data processing functions and needs. The Bureau of Area Health Services in conjunction with the Bureau of Health Data Systems conducted meetings with the public health area staffs to update progress on the computer project and to obtain additional input before the release of specifications and guidelines for local health departments to consider when purchasing computer equipment.

The Alabama Health Program for Refugees completed its fifth year of operation. The project was expanded to include special provisions to control hepatitis B virus among the refugee population and their household contacts. The project provides pre-vaccination serological screening for susceptibility to hepatitis B, provides hepatitis B vaccine and performs casefinding. More than 200 refugees received screening and referral services this year.

The bureau worked with the State Health Planning Agency staff and the Statewide Health Coordinating Council during the year on health planning matters related to public health and worked with the Alabama Emergency Management Agency in disaster exercises and in preparation for emergency actions.

Division of Community Health Services Coordination

In 1985 the Division of Community Health Services Coordination continued to administer provisions of the department's 1984 contract with the U.S. Public Health

Service for the recruitment, placement and management of National Health Service Corps physicians in Alabama. Prerequisite to physician placements, however, were assessments of health manpower needs within the state's county and subcounty areas, the application for and designation of these areas as Health Manpower Shortage Areas, and the development of specific sites for medical practice.

Choice of sites were determined by their accessibility to the target populations and their fiscal/administrative capacity to support medical practice during the time until corps physicians' obligations are complete. During 1985, 78 sites were developed for which the division recruited primary care physicians for placement during 1985 and 1986. Of these, 34 were filled in 1985. Another 23 had commitments from physicians completing their residencies in 1986. These will join approximately 50 previously placed physicians in the provision of medical services to populations of 44 counties in Alabama.

In light of the ever increasing demand on static and often decreasing quantity of public health resources, it has become imperative that innovative methods be developed to maximize resource utilization. Emphasizing this issue in 1985 resulted in a new cooperative relationship between the Alabama Department of Public Health, the U.S. Public Health Service and state based federally financed primary care programs. In October 1985, the division began operating under provisions of a cooperative agreement with the federal Bureau of Health Care Delivery and Assistance which superseded all previously established contracts and agreements related to National Health Service Corps and primary care programs in Alabama. The purpose of the new agreement is to provide for collaborative efforts between the department and the Alabama Primary Health Care Association to develop systems of health care throughout the state utilizing both public and private resources.

The Division of Community Health Services Coordination experienced a significant increase in responsibilities including statewide primary care planning, health system development, and emphasis on the provision of increased perinatal services in community health centers. Physician recruitment priority was placed on meeting manpower needs not only for the solo practice but also for systems of care requiring a broad specialty mix encompassing services to multi-county geographic areas.

Although the division's provision of services is based upon the cooperative agreement with the Bureau of Health Care Delivery and Assistance, the interrelationship with the Alabama Primary Care Association required a formal memorandum of agreement establishing roles of each. Throughout 1985, the Alabama Primary Care Working Committee served as an advisory group to the division's activities and will continue to do so under the current memorandum. In addition a Joint Planning Committee, consisting of division and Primary Care Association representatives, was established to address aspects of

planning, systems development, and provision of services at the local level.

A particular problem in health care delivery at year's end was the marked decrease in obstetrical services in several counties of Alabama. The success of obstetrician/gynecologist placements in 1986 by the division will depend heavily upon support systems of care within service areas. With the mechanisms currently established for collaborative efforts for identifying needs and development of health services, the division is optimistic about providing not only obstetricians but other specialists where their services will be most productive.

Division of Emergency Medical Services

The Division of Emergency Medical Services regulates, inspects and licenses providers of prehospital care. In fulfilling its regulatory activities in 1985 standardized written examinations for licensure were administered to 1,511 emergency medical technician-basics, 360 emergency medical technician-intermediates and 362 emergency medical technician-paramedics.

During 1985 three-year state licenses were issued to 1,755 emergency medical technician-basics, 488 emergency medical technician-intermediates, 870 emergency medical technician-paramedics and 236 ambulance drivers.

Among the highlights of the year was the full implementation of the National Registry examination as the state licensure qualification for emergency medical technician-paramedics. Testing sessions were conducted at six different sites. Examinations were physician supervised, and regional organizations and training institutions joined in assisting the division conduct this comprehensive examination program.

Prehospital use of nitrous oxide was approved by the State Committee of Public Health. The committee approved the use of nitrous oxide/oxygen for the relief of pain in the prehospital setting. This approval was granted to the Montgomery Fire Department following an 18 month field study. Additionally, procedures were developed for use by other advanced life support providers when applying to use the medication. As of January 1, 1986, these additional services received approval.

Utilizing equipment installed late in 1984, software was implemented fully automating the filing and retrieval of information for the initial certification and annual continuing education recertification of emergency medical technicians and ambulance drivers. This data automation was accompliished with the assistance of the Bureau of Health Data Systems by tying in to the existing state data system.

Improvements are underway which will permit more efficient access to individual licensure information and positively verify motor vehicle operator license status of persons seeking ambulance driver licenses. Additionally, through collaboration with the regional emergency medical services lead agencies, a desk top computer was acquired which will be used as an interim measure to provide more effective management of testing information, ambulance service operator licenses and the prehospital fluid and drug program.

In the area of legislation, major progress was made in the development of an amendment to the obsolete Ambulance Act which, if enacted, will update the composition of the State Emergency Medical Services Advisory Board, permit regulation of air ambulances, provide a nominal increase in licensure fees, add a fee for licensure examinations, and strengthen the legal basis for the existing comprehensive Emergency Medical Systems Rules, Regulations and Standards.

Also during 1985 regulatory activities included conducting 322 ambulance vehicle inspections and issuing annual licenses to 139 ambulance service operators. Of these licenses, 95 percent were regular licenses and 5 percent were provisional licenses.

In the area of continuing education, which is mandatory for license renewal, 154 courses were approved and five were disapproved. While the licenses of 6,794 individuals were recertified, 620 individual licenses were cancelled due to failure to obtain requisite continuing education credits.

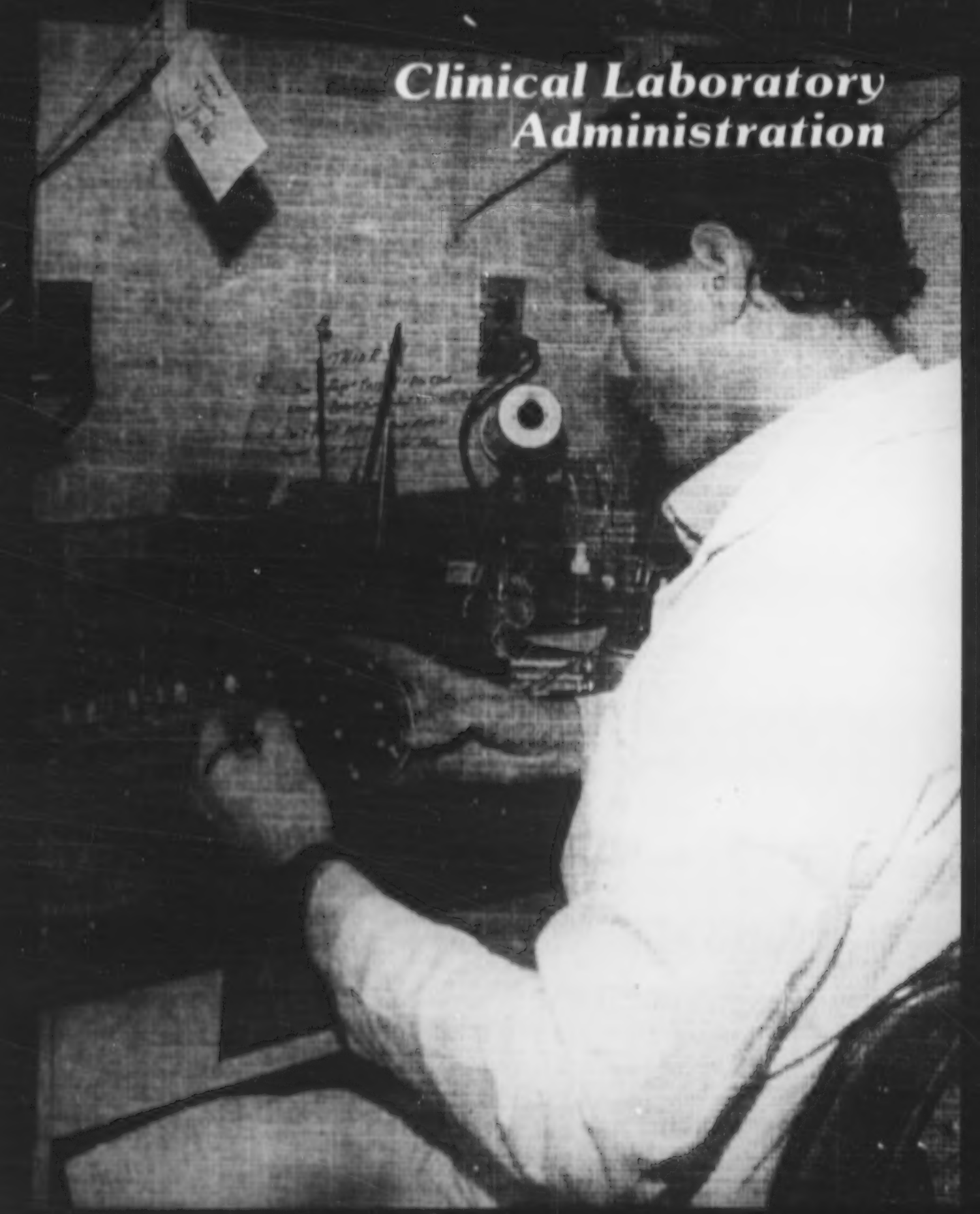
Finally, in the area of intravenous fluid/medication authorization, 199 advanced life support providers were issued authorization to handle and use approved intravenous fluids and/or medications in the prehospital environment. One hundred ten hospital pharmacies were authorized to supply and resupply intravenous fluids and medications to advanced life support providers.

COUNTY HEALTH DEPARTMENT ACTIVITIES
1985

	VITAL STATISTICS	IMMUNIZATION	CHILD HEALTH CLINICS	WIC	HEALTH EDUCATION	SCHOOL HEALTH	DENTAL CARE	DENTAL HEALTH EDUCATION	FLUORIDE MOUTH RINSE	MATERNITY MEDICAL CARE	MATERNITY NURSING CARE	FAMILY PLANNING	TUBERCULOSIS	SEXUALLY TRANSMITTED DISEASE	HYPERTENSION	BLOOD PRESSURE SCREENING	CANCER DETECTION	HOME HEALTH CARE	FOOD AND WATER INSPECTION	SOLID WASTE ENFORCEMENT	VECTOR CONTROL	SEWAGE DISPOSAL INSPECTION	SUBDIVISION REVIEW	SWIMMING POOL INSPECTION	HOTEL, MOTEL AND JAIL INSPECTION	RABIES CONTROL	CHILD CARE FACILITY INSPECTION	FROZEN DESSERT SAMPLING	SCHOOL INSPECTION	FOOD MANAGER TRAINING
PUBLIC HEALTH AREA I																														
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																														
COLBERT	X	X	X	X	X		X	X	X			X	X	X		X	X		X		X	X	X		X	X	X	X	X	X
FRANKLIN	X	X	X	X	X		X	X	X			X	X	X		X	X		X		X	X	X		X	X	X	X	X	X
LAUDERDALE	X	X	X	X	X		X	X	X		X	X	X	X		X	X		X		X	X	X		X	X	X	X	X	X
TRI-COUNTY DISTRICT HEALTH SERVICES																														
CULLMAN	X	X	X	X	X					X	X	X	X	X		X	X		X		X	X	X	X	X	X	X	X	X	X
LAWRENCE	X	X	X	X	X					X	X	X	X	X		X	X		X		X	X	X	X	X	X	X	X	X	X
LIMESTONE	X	X	X	X	X					X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X
MORGAN	X	X	X	X	X	X					X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X
JACKSON	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X		X	X	X	X	X	X	X	X	X
MADISON	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MARION	X	X	X	X	X					X	X	X	X	X		X	X	X	X			X	X		X	X	X	X	X	X
MARSHALL	X	X	X	X	X							X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
WINSTON	X	X	X	X	X					X	X	X	X	X		X	X	X	X		X	X	X		X	X	X	X	X	X
PUBLIC HEALTH AREA II																														
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																														
BIBB	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GREENE	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
LAMAR	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PICKENS	X	X	X	X	X	X		X	X		X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
TUSCALOOSA	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X
FAYETTE	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HALE	X	X	X	X	X	X			X			X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	
PUBLIC HEALTH AREA III																														
BLOUNT	X	X	X	X	X				X	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
CHILTON	X	X	X	X	X	X		X		X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
JEFFERSON	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
ST. CLAIR	X	X	X	X	X				X	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
SHELBY	X	X	X	X	X	X			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WALKER	X	X	X	X	X	X		X		X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
PUBLIC HEALTH AREA IV																														
CALHOUN	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHAMBERS	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHEROKEE	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLAY	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLEBURNE	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
COOSA	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DEKALB	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ETOWAH	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RANDOLPH	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X
TALLADEGA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X
TALLAPOOSA	X	X	X	X	X				X			X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X
PUBLIC HEALTH AREA V																														
AUTAUGA	X	X	X	X	X					X		X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	
BARBOUR	X	X	X	X	X				X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
BULLOCK	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BUTLER	X	X	X	X	X	X		X	X		X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X
COFFEE	X	X	X	X	X	X			X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
COVINGTON	X	X	X	X	X	X		X	X			X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X
CRENSHAW	X	X	X	X	X	X		X	X			X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	
DALE	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	
ELMORE	X	X	X	X	X			X	X	X		X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
GENEVA	X	X	X	X	X	X		X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HENRY	X	X	X	X	X							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HOUSTON	X	X	X	X	X	X			X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LEE	X	X	X	X	X			X			X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LOWNDES	X	X	X		X					X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
MACON	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MONTGOMERY	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PIKE	X	X	X	X	X	X		X	X			X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
RUSSELL	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA VI																														
GULF COAST DISTRICT HEALTH DEPARTMENT																														
BALDWIN	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CONECUH	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
ESCAMBIA	X	X	X	X	X				X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
CHOCTAW	X	X	X	X	X				X	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
CLARKE	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
DALLAS	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MARENGO	X	X	X	X	X			X			X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
MOBILE	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X
MONROE	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
PERRY	X	X	X	X	X		X				X	X	X	X		X	X	X	X			X	X	X	X	X	X	X	X	X
SUMTER	X	X	X	X	X					X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
WASHINGTON	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X		X	X	
WILCOX	X	X	X	X	X						X	X	X	X		X	X	X	X			X	X	X	X	X	X	X	X	

	RETAIL FOOD STORE INSPECTION	COMPLAINT INVESTIGATION	FOOD SERVICE PLAN REVIEW	EPIDEMIOLOGY SURVEILLANCE	REFUGEE SCREENING	CHILD HEALTH CARE PRIMARY CARE	ADULT MEDICAL CARE PRIMARY CARE	ADOLESCENT PREGNANCY PREVENTION PROJECT	INFANT CAR SEAT LOANER PROGRAM	CARBON MONOXIDE TESTING	INFANT AND TODDLER RESTRAINT	EYE CLINIC	CAMP INSPECTION	EMERGENCY RESPONSE	DIABETIC SCREENING	AUDIO TESTING	FOODHANDLERS PERMITS	PHARMACY SERVICE	PLUMBING INSPECTION	SUDDEN INFANT DEATH SYNDROME
PUBLIC HEALTH AREA I																				
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																				
COLBERT	X	X	X	X						X			X				X		X	
FRANKLIN	X	X	X	X						X			X				X		X	
LAUDERDALE	X	X	X	X						X			X				X		X	
TRI COUNTY DISTRICT HEALTH SERVICES																				
CULLMAN	X	X	X	X						X			X				X			
LAWRENCE	X	X	X	X						X			X	X			X			
LIMESTONE	X	X	X	X						X			X	X			X			
MORGAN	X	X	X	X						X			X	X			X			
JACKSON	X	X	X	X						X			X	X			X			
MADISON	X	X	X	X	X	X	X	X		X			X	X			X		X	
MARION	X	X	X	X						X			X	X			X			
MARSHALL	X	X	X	X						X			X	X			X			
WINSTON	X	X	X	X						X			X	X			X			
PUBLIC HEALTH AREA II																				
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																				
BIBB	X	X	X	X				X					X			X				
GREENE	X	X	X	X									X			X				
LAMAR	X	X	X	X									X			X				
PICKENS	X	X	X	X				X					X			X				
TUSCALOOSA	X	X	X	X				X					X			X				
FAYETTE	X	X	X	X									X			X				
HALE	X	X	X	X									X			X				
PUBLIC HEALTH AREA III																				
BLOUNT	X	X	X	X						X			X			X				
CHILTON	X	X	X	X						X			X			X				
JEFFERSON	X	X	X	X	X	X	X	X		X			X	X		X				
ST CLAIR	X	X	X	X						X			X			X				
SHELBY	X	X	X	X						X			X			X				
WALKER	X	X	X	X						X			X			X				
PUBLIC HEALTH AREA IV																				
CALHOUN	X	X	X	X	X					X			X			X				
CHAMBERS	X	X	X	X				X		X			X			X				
CHEROKEE	X	X	X	X						X			X			X				
CLAY	X	X	X	X						X			X			X				
CLEBURNE	X	X	X	X						X			X			X				
COOSA	X	X	X	X						X			X			X				
DEKALB	X	X	X	X						X			X			X				
ETOWAH	X	X	X	X	X					X			X			X				
RANDOLPH	X	X	X	X						X			X			X				
TALLADEGA	X	X	X	X	X					X			X			X				
TALLAPOOSA	X	X	X	X						X			X			X				
PUBLIC HEALTH AREA V																				
AUTAUGA	X	X	X	X									X			X				
BARBOUR	X	X	X	X									X			X				
BULLOCK	X	X	X	X									X			X				
BUTLER	X	X	X	X									X			X				
COFFEE	X	X	X	X				X					X			X				
COVINGTON	X	X	X	X									X			X				
CRENSHAW	X	X	X	X									X			X				
DALE	X	X	X	X	X			X					X			X				
ELMORE	X	X	X	X									X			X				
GENEVA	X	X	X	X									X			X				
HENRY	X	X	X	X		X		X					X			X				
HOUSTON	X	X	X	X	X								X			X				
LEE	X	X	X	X	X											X				
LOWNDES	X	X	X	X									X			X				
MACON	X	X	X	X									X			X				
MONTGOMERY	X	X	X	X	X	X							X			X				
PIKE	X	X	X	X									X			X				
RUSSELL	X	X	X	X									X			X				
PUBLIC HEALTH AREA VI																				
GULF COAST DISTRICT HEALTH DEPARTMENT																				
BALDWIN	X	X	X	X		X			X		X					X			X	
CONECUH	X	X	X	X									X			X			X	
ESCAMBIA	X	X	X	X																
CHOCTAW	X	X	X	X									X			X	X		X	
CLARKE	X	X	X	X									X			X			X	
DALLAS	X	X	X	X	X	X							X			X			X	
MARENGO	X	X	X	X															X	
MOBILE	X	X	X	X	X	X	X		X		X						X	X	X	X
MONROE	X	X	X	X									X			X	X			X
PERRY	X	X	X	X		X							X			X	X			X
SUMTER	X	X	X	X													X			X
WASHINGTON	X	X	X	X									X			X				X
WILCOX	X	X	X	X												X				X

Clinical Laboratory Administration



CLINICAL LABORATORY ADMINISTRATION

Acquired Immune Deficiency Syndrome, the number one priority of the U.S. Public Health Service, was a major challenge that the Clinical Laboratory Administration and the nation had to address in 1985. In conjunction with the Sexually Transmitted Disease Program and the Bureau of Epidemiology and Consultation a human T-lymphotropic virus type III (or HTLV-III) antibody testing and consultation program for high risk individuals was implemented in various alternate sites throughout the state. The Clinical Laboratory Administration accomplished several firsts in HTLV-III testing. It was one of the first public health laboratories to become active in this area—20 percent of the first 500 specimens reported by public health laboratories nationwide came from the Clinical Laboratory Administration—and it was also one of the first public health laboratories to routinely offer the Western blot procedure.

On March 2, 1985, the United States Food and Drug Administration licensed the Enzyme Immuno Assay (EIA) test for the detection of antibodies to HTLV-III/LAV, the virus that causes AIDS. The test was developed primarily to protect the nation's blood supply and was not originally intended to be used as a diagnostic tool for AIDS. Because of this, the EIA kits were first provided to blood collection centers and were not available to public health laboratories until May. At that time the Clinical Laboratory Administration performed an evaluation of several kits and selected a primary and secondary source. Equipment and materials were ordered for the Western blot, an alternate HTLV-III/LAV antibody test. Subsequently, the Sexually Transmitted Disease program and the Clinical Laboratory Administration submitted a joint grant application to the Centers for Disease Control for funds to implement the establishment of alternate collection sites, training of counselors and laboratory personnel, and testing of specimens. Funding for a period of 90 days was awarded and on May 15, 1985, the Clinical Laboratory Administration began accepting specimens from alternate collection sites and the private sector. Approximately one month later, on June 26, the Western blot procedure was implemented to test all repeatedly reactive EIA specimens.

As of September 30, 1985, the Clinical Laboratory Administration had examined 349 specimens and found 83 (23 percent) to be repeatedly reactive by EIA. Eighty-one of the EIA reactive specimens were also reactive by Western blot.

In June plans were initiated to establish a clinical chemistry testing program for the Division of Tuberculosis Control. A cooperative agreement was finalized and beginning October 1986 chemistry analysis of serum samples from patients undergoing therapy or preventive therapy will be provided by the Clinical Laboratory

Administration. The chemistry constituents tested will include total protein, albumin, alkaline phosphatase, total bilirubin, blood urea nitrogen (BUN), calcium, creatinine, gamma glutamyl transpeptidase (GGT), glucose, glutamic oxalacetic transaminase (SGOT), uric acid, sodium, potassium and chloride.

In July a pilot program for urine cultures for county health department maternity patients began with the assistance of the Houston County Health Department. After a successful four month evaluation of a urine transport system the program was expanded to include the Jefferson and Morgan county health departments. During the 1985 fiscal year, 2,227 urine cultures were examined and 230 (10 percent) indicated results suggestive of urinary tract infection. The program is scheduled to expand to Mobile and other counties with maternity clinics during fiscal year 1986.

The successful culmination of several years of hard work by many dedicated individuals, to whom the Clinical Laboratory Administration will always be grateful, came in June when the Mobile Branch Laboratory was dedicated. New facilities for the Dothan Branch Laboratory also became a reality in 1985. Construction of the new Houston County Health Department, in which the Dothan Laboratory will be located, began in August and is scheduled to be completed late in fiscal year 1986.

Administrative Support Services Division

The purchasing office processed all requisitions from the Central and branch laboratories, ordered and distributed

supplies and equipment required for operation, and maintained inventory records.

The personnel of the stockroom worked in conjunction with both the purchasing and packing sections to fill, pack and supply orders for state and local health departments as well as private physicians. Other supporting services included mail pick-up and delivery, building maintenance and janitorial services.

Personnel consisted of one microbiologist IV, one account clerk II, one account clerk I, one clerk stenographer II, one stock clerk II, one stock clerk I, one biomedical engineering technician II, one biomedical engineering technician I and five laborers.

Scientific Services Division

Activities of the Media, Sterilization and Decontamination unit include preparation of media and solutions for the Central Laboratory; preparation of media for statewide distribution (Modified Thayer-Martin plates) for gonorrhoeae screening; provision of carrying medium (Glycerine Saline) for statewide enteric collection; provision, on request, of Rodac plates to environmentalists for use in workshops; provision of sterile collection containers to water operators and milk environmentalists in Central Alabama and maintenance of the water purification system used by the entire Central Laboratory.

In addition, approximately 1.75 million pieces of glassware and other equipment were washed and/or wrapped and sterilized during the year. This division sterilizes all media and solutions, a procedure involving constant monitoring of the temperature, pressure gauges, and timers of seven autoclaves and five institutional size ovens as well as decontaminates all specimens delivered by the various sections of the laboratory.

Table 4-1 shows the distribution of media according to departments.

TABLE 4-1
DISTRIBUTION OF MEDIA ACCORDING TO UNIT
1985

Units	Media			Reagents & Solutions
	No. of Different Formulas*	No. of Tubes, Flasks, etc.	No. of Plates	No. of Milliliters
Enteric	34	54,149	34,389	2,760
FA	3			357,900
Foods	20	825	225	28,900
GC	11	8,331	**384,333	38,450
General Bacteriology	127	24,411	5,736	196,835
Milk and Water***	17	8,573		615,700
Parasitology	5			282,500
Strep	5	2,500	2,833	32,000
HTLV-III (AIDS)	11	67		
CF	10	458		
IFA	5			362,319
PKU	1			2,471 g
MCH	2			3,531 g
Mycology	56	29,899		
TB	10	****85,358		318,350
Special TB	21	6,127	*****17,061	
TOTALS	338	220,698	444,577	2,235,714

*Reflects an increase of 35 new formulas.
**Modified Thayer Martin plates for use in gonorrhea screening.
***Bottles prepared for distribution: private (1,705); public (16,050); milk (4,162); dilution blanks prepared for milk testing program (6,081).
****Reflects cracking aseptically and straining 352 dozen fresh eggs for use in Lowenstein-Jensen medium and 144 pints of expired human blood for use in penicillin blood agar.
*****Of these, 13,978 were drug sensitivity plates for use on TB patients.

Clerical Services Division

More than 514,000 reports were mailed from the Central Laboratory in fiscal year 1985. Handling the telephone switchboard, typing and mailing reports, maintaining personnel records, and numerous other clerical functions were carried out by one clerk IV, one clerk stenographer III, two clerk typist III's, one clerk III, seven clerk typist II's and one clerk II.

BUREAU OF MICROBIOLOGY

General Bacteriology Division

This section served as a reference laboratory for private and hospital laboratories statewide. It performed 22,684 examinations on 1,083 specimens of various complexities, a ratio of approximately 20:1 as compared to many 1:1 ratios of examinations per specimen in laboratory test procedure.

The results of the specimens submitted are as follows:

Organisms	Number of Isolates
Achromobacter xylosoxidans	3
Acinetobacter calcoaceticus (anitratus)	5
Acinetobacter calcoaceticus (lwoffi)	9
Actinobacillus actinomycetemcomitans	1
Actinomyces species	1
Actinomyces odontolyticus	1
Aeromonas hydrophila	1
Alcaligenes denitrificans	2
Alcaligenes faecalis	4
Alcaligenes odorans	1
Bacillus species	4
Bacillus brevis	1
Bacillus cereus	9
Bacillus circulans	5
Bacillus laterosporus	1
Bacillus megaterium	5
Bacillus pumilus	7
Bacillus sphaericus	1
Bacillus subtilis	2
Bacteroides species	3
Bacteroides fragilis	1
Bacteroides thetaiotaomicron	1
Bacteroides bronchiseptica	4
Branhamella catarrhalis	6
Campylobacter jejuni	21
Capnocytophaga ssp. (DF-1)	2
Cardiobacterium hominis	1
Cedecea species—possible *Cedecea davisae*	1
Chromobacterium violaceum	1
Citrobacter amalonaticus	1
Citrobacter diverus	1
Citrobacter freundii	2
Clostridia species	2
Clostridium bifermentans	1
Clostridium perfringens	3
Clostridium ramosum	1
Clostridium septicum	2
Clostridium sphenoides	1
Clostridium subterminale	1
Clostridium tertium	3
Corynebacterium species	3
Corynebacterium aquaticum	1
Corynebacterium Group A-3	1
Corynebacterium Group A-4	2
Corynebacterium Group ANF-1	2
Corynebacterium Group ANF-3	1
Corynebacterium Group B-1	1
Corynebacterium Group C	1
Corynebacterium Group E	2
Corynebacterium Group F-1	2
Corynebacterium Group G-1	1
Corynebacterium Group G-2	1
Corynebacterium Group I-1	1
Corynebacterium Group I-2	1
Corynebacterium Group J-K	4
Corynebacterium mycetoides	1
Corynebacterium pseudodiphtheriticum	1
Corynebacterium equi	2
Corynebacterium xerosis	1
DF-2	2
DF-3	1
EF-4b	1
Eikenella corrodens	8
Enterobacter agglomerans	5
Enterobacter cloacae	5
EO-2	2
Escherichia adecarboxylata	1
Escherichia coli	9
Eubacterium alactolyticum	1
Flavobacterium odoratum	1
Flavobacterium sp. (II-b)	4
Fusobacterium gonidiaformans	1
Gardnerella vaginalis	6
Haemophilus species	1
Haemophilus aphrophilus	2
Haemophilus haemolyticus	1
Haemophilus influenzae—unable to type	3
Haemophilus influenzae—Type B	4
Haemophilus influenzae—Type E	1
Haemophilus influenzae—Type F	1
Haemophilus parainfluenzae	9
Haemophilus paraphrophilus	1
Hafnia alvei	2
HB-5	2
Klebsiella ozaenae	2
Lactobacillus species	12
Lactobacillus casei	1
Lactobacillus casei ssp. rhamnosus	1
Listeria monocytogenes	7

Micrococcus species	3
Moraxella species	3
Moraxella non-liquefaciens	1
Moraxella osloensis	4
Moraxella urethralis	2
Morganella morganii	1
Mycobacterium rhodochrous complex	1
Neisseria gonorrhoeae	149
Neisseria lactamica	2
Neisseria meningitidis—unable to type	2
Neisseria meningitidis—Group A	1
Neisseria meningitidis—Group B	11
Neisseria meningitidis—Group C	4
Neisseria meningitidis Slaterus Y	1
Neisseria meningitidis W135	2
Neisseria mucosa	3
Neisseria sicca	1
Neisseria subflava	7
Oerskovia xanthineolytica	1
Pasteurella haemolytica	1
Pasteurella multocida	5
Pasteurella sp. "n.sp.1"	2
Peptococcus species	1
Peptococcus prevotii	6
Peptococcus saccharolyticus	1
Peptostreptococcus anaerobius	1
Plesiomonas shigelloides	3
Propionibacterium acnes	10
Proteus species	1
Proteus mirabilis	1
Proteus penneri	1
Providencia stuartii	2
Pseudomonas species	7
Pseudomonas species CDC Group 1	2
Pseudomonas aeruginosa	10
Pseudomonas alcaligenes	3
Pseudomonas cepacia	1
Pseudomonas diminuta	2
Pseudomonas fluorescens	1
Pseudomonas maltophilia	1
Pseudomonas paucimobilis	4
Pseudomonas pseudoalcaligenes	1
Pseudomonas putida	5
Pseudomonas putrefaciens	1
Pseudomonas stutzeri	1
Pseudomonas testosteroni	3
Rhodococcus bronchialis	1
Rothia dentocariosa	3
Serratia marcescens	1
Staphylococcus aureus	14
Staphylococcus epidermidis	2
Staphylococcus saprophyticus	1
Streptococcus species	2
Streptococcus acidominimus	2
Streptococcus anginosus-constellatus	1
Streptococcus—Group D *(Streptococcus faecalis)*	1
Streptococcus—Group D (non-enterococci)	1
Streptococcus—Group G	1
Streptococcus MG—*intermedius*	1
Streptococcus mitis	3
Streptococcus salivarius	3
Streptococcus sanguis I	1
Streptococcus sanguis II	3
Vibrio alginolyticus	2
Vibrio cholerae—(other than O 1 Group)	1
Vibrio hollisae	1
Vibrio vulnificus	2
Yersinia enterocolitica	3
Yersinia intermedia	1
II—f	3
Vb-3	1
Ve—2	1

The Special Bacteriology Division also cultured a variety of clinical specimens for Staphylococci, diphtheria bacilli, Bordetella pertussis, Legionnaire's disease, brucellosis and botulism.

Of the 137 Legionella specimens tested out of 141 received, six were positive by the Direct Fluorescent Antibody (DFA) procedure and two were positive by culture. There were 158 specimens examined of 167 received for *Bordetella pertussis* (Whooping cough). Twelve were confirmed by culture and 47 were reported presumptive positive by DFA only.

There were 20 positive Staphylococci reported of 27 tested, 14 throat swabs cultured for the diphtheria bacilli, 6 blood cultures tested for brucellosis and mouse inoculations were performed on 7 specimens for botulism.

Enteric Bacteriology Division

In fiscal year 1985, 3,464 stool specimens and cultures were submitted for identification and serotyping through county health departments, private laboratories and hospital laboratories. The 1,055 Salmonella and 127 Shigella isolations were as follows:

Salmonella enteritidis serotype

Adelaide	1
Agona	15
Alabama	2
Alachua	3
Anatum	1
Augustenborg	1
Bareilly	29
Blegdam	3
Blockley	2
Brandenburg	11
Braenderup	7
Chichiri	1
Choleraesuis	2
Cleveland	1
Concord	5

Derby	3
Dublin	2
Eastbourne	2
Enteritidis	23
Florida	1
Give	1
Haardt	14
Hadar	15
Heidelberg	117
Heilbron	1
Ibadan	4
Infantis	36
Irumu	1
Istanbul	13
Javiana	35
Jos	1
Kentucky	1
Kaapstad	1
Kapemba	1
Lexington	1
Lindenburg	1
Litchfield	6
Lomita	1
London	2
Manhattan	15
Molade	2
Mbandaka	7
Miama	10
Mississippi	18
Montevideo	42
Muenchen	38
Newport	61
Nchanga	1
Norwich	1
Nottingham	1
Ohio	2
Oranienburg	10
Panama	1
Paratyphi—B	2
Paris	1
Reading	8
Saintpaul	8
Salmonella species	37
Sandiego	2
Schleissheim	1
Schwarzengrund	6
Stanleyville	1
S II	1
S IV	1
Tennessee	3
Thompson	7
Trachau	1
Typhi	4
Typhimurium	382
Virchow	2
Virginia	1
Wagenia	1
Wanneba	10
TOTAL	1,055

Shigella Isolates

Shigella sonnei	122
Shigella flexneri Type II	2
Shigella flexneri Type III	1
Shigella flexneri Type VI	1
Shigella boydii Type V	1
TOTAL	127

GC Screening Division

The Central Laboratory screened 64,224 cultures for the presence of *Neisseria gonorrhoeae* and found 5,914 (9 percent) positive. Positives were screened for beta lactamase production (PPNG) as well as chromosomal mediated penicillin resistance (CMRNG). The following penicillin resistant cultures were confirmed:

PPNG	42
CMRNG	3

Streptococci—A total of 2,061 specimens was examined in fiscal 1985 as compared to 453 the previous year. Of these, 341 were positive for Group A streptococci.

Urine Culture—The Urine Culture unit, a new program initiated during fiscal year 1984, continued to examine urines and urine cultures submitted by the branch laboratories and county health departments in fiscal year 1985. Of the 897 specimens received, 230 positives were reported by identification and antibiotic sensitivity.

Parasitology Division

A total of 15,768 specimens was examined for parasitic infection during the 1985 fiscal year, and of these 1,869 positives were reported. The following intestinal parasites were identified:

Hookworm	63
Ascaris lumbricoides	106
Enterobius vermicularis	82
Trichuris trichiura	43
Strongyloides stercoralis	36
Hymenolepis nana	20
Taenia sp.	2
Entamoeba coli	284
Endolimax nana	283
Giardia lamblia	1,011
Entamoeba hartmanni	87
Entamoeba histolytica	38
Chilomastix mesnili	9
Iodamoeba butschilii	52
Clonorchis sinensis	45
Metagonimus yokogawai	3
Cryptosporidium species	13
*Blastocystis hominis**	29

*Reclassified as a non-pathogenic protozoan

In addition, seven blood smears were found to be positive for malaria.

Rabies Division

The Central Laboratory received 1,419 animal brains for rabies examination during fiscal year 1985. One hundred twenty-five of the animals were found to be positive by fluorescent antibody procedures. The following species of animals were reported as positive for rabies:

Rabies Positives 1985

Raccoons	105
Bats	11
Cats	2
Horses	2
Dogs	2
Skunk	1
Goat	1
Fox	1

This section also prepared the rabies infected and normal mouse brain suspensions used in rabies testing at the Central and branch laboratories. Table 4-2 indicates positive rabies cases by county and month, while Chart 4-1 shows the rabid animals confirmed in each county.

TABLE 4-2
POSITIVE RABIES
FISCAL YEAR 1985

Counties	October	November	December	January	February	March	April	May	June	July	August	September	TOTAL
Autauga	1 bat										1 Bat		2
Baldwin													
Barbour					1 Raccoon								1
Bibb													
Blount											1 Bat		1
Bullock			1 Raccoon		1 Raccoon	1 Raccoon	3 Raccoons						6
Butler			1 Raccoon				1 Raccoon						2
Calhoun						1 Bat					3 Bats		4
Chambers													
Cherokee													
Chilton													
Choctaw													
Clarke													
Clay													
Cleburne												1 Bat	1
Coffee	1 Raccoon		1 Raccoon 1 Dog	4 Raccoons	1 Raccoon			1 Raccoon	1 Raccoon 1 Fox		1 Raccoon		12
Colbert	2 Bats									1 Fox	1 Bat	2 Bats	6
Conecuh						1 Raccoon							1
Coosa													
Covington	3 Raccoons	2 Raccoons								1 Bat			6
Crenshaw		1 Raccoon	1 Raccoon	1 Raccoon							1 Raccoon		4
Cullman													
Dale	2 Raccoons	2 Raccoons		2 Raccoons	4 Raccoons		1 Raccoon	1 Bat	2 Raccoons				14
Dallas													
DeKalb													
Elmore							1 Raccoon		1 Bat				2
Escambia													
Etowah		1 Bat								1 Bat			2
Fayette													
Franklin													
Geneva		1 Raccoon	2 Raccoons					1 Raccoon 1 Horse					5
Greene													
Hale													
Henry	1 Raccoon	2 Raccoons	2 Raccoons			1 Raccoon	3 Raccoons		1 Raccoon	1 Raccoon			11
Houston	3 Raccoons 1 Bat	2 Raccoons 1 Cat	3 Raccoons		3 Raccoons	1 Raccoon	1 Raccoon	1 Raccoon	2 Raccoons	3 Raccoons 1 Dog 1 Bat	2 Raccoons		25
Jackson							1 Bat						1
Jefferson	1 Bat									1 Bat			2
Lamar													
Lauderdale													
Lawrence													
Lee			1 Horse				1 Bat					1 Bat	3
Limestone					1 Skunk			2 Skunks					3
Lowndes													
Macon			1 Raccoon						1 Raccoon				2
Madison		1 Bat						2 Skunks					3
Marengo													
Marion													
Marshall													
Mobile	1 Bat												1
Monroe													
Montgomery				3 Raccoons	4 Raccoons	1 Raccoon 1 Cat		2 Raccoons	1 Raccoon	2 Raccoons	1 Raccoon		15
Morgan		1 Cat					1 Dog						2
Perry													
Pickens													
Pike			1 Raccoon		1 Raccoon 1 Skunk		3 Raccoons	1 Raccoon	1 Raccoon	2 Raccoons	1 Goat		11
Randolph													
Russell						1 Raccoon							1
St. Clair											1 Bat	1 Bat	
Shelby			1Bat								2 Bats		3
Sumter													
Talladega		1 Bat											1
Tallapoosa						1 Raccoon				1 Raccoon			2
Tuscaloosa											1 Bat		1
Walker													
Washington													
Wilcox									1 Raccoon	1 Bat			2
Winston													
	10 Raccoons 6 Bats	10 Raccoons 3 Bats 2 Cats	13 Raccoons 1 Bat 1 Dog 1 Horse	10 Raccoons	15 Raccoons 2 Skunks	7 Raccoons 1 Bat 1 Cat	13 Raccoons 2 Bats 1 Cat	6 Raccoons 1 Bat 1 Horse 4 Skunks	10 Raccoons 1 Bat 1 Fox	9 Raccoons 5 Bats 1 Dog 1 Fox	5 Raccoons 10 Bats 1 Goat	5 Bats	5 Bats
TOTAL													160

1 raccoon in Coffee County and 1 raccoon in Dale County - tested in Georgia but found in Alabama

Animal House—This section removed all brains and salivary glands of animals submitted for rabies examination during fiscal year 1985. Animals used in all laboratory procedures were bred, maintained and prepared for toxicity and other tests in the animal house. Animals bred here were used in the preparation of rabies reagents (CVS and NMB) for use at the Central Laboratory and distributed to the branch laboratories throughout the state.

Sanitary Bacteriology Division

Water Bacteriology—The 15,223 water samples received from public and private supplies were tested for bacterial contamination and residual chlorine. A coliform count of over four per 100 milliliter, indicating possible contamination, was reported on 1,313 samples.

Dairy Bacteriology—This year 4,792 milk and dairy products were examined in accordance with procedures outlined in the 14th edition of *Standard Methods for the Examination of Dairy Products*. A total of 1,094 of these samples failed to meet one or more of the criteria of acceptability.

Food Bacteriology—Food Bacteriology tested 185 foods for the presence of bacteria associated with foodborne illnesses. The organisms and food samples in which each was found are listed as follows:

Organism	Food
Bacillus cereus	Barbecue pork (3), turkey (2), cheese (3), deviled eggs (1), roast beef (1), hot dog (1), Oreo ice cream (1), hamburger (1), slaw (1), blue cheese dressing (1), Italian sausage (1), oysters (1), lamb and beef (1), pecan meats (1)
Clostridium perfringens	Whiting fish (1), sirloin tips (1), barbecue pork (3)
Escherichia coli	Roquefort cheese (1), sirloin tips (1), barbecue pork (2)
Vibrio parahaemolyticus	Oysters (1)
Enterococci Staphylococcus—coagulase positive	Ham (1), smoked turkey (1), Dressing (2), boiled chicken (1), barbecue pork (4)
Enterotoxin	Barbecue pork (3), dressing (2), boiled chicken (1)

Quality Control—The Quality Control unit examined a variety of media used in the entire laboratory throughout the year for accuracy of reactions and sterility. Antisera, reagents and discs employed in the various sections were also examined. Quality control of Modified Thayer-Martin media prepared for the statewide gonorrhea screening program was performed by this section on a weekly basis.

Division of Rh

The Rh Division performed 94,539 examinations on 41,673 specimens submitted through the maternal and child care program for Rh, rubella and syphilis testing. The $Rh_o(D)$ screening on 12,715 specimens detected:

3,481	$Rh_o(D)$ Negatives
88	Du Variants
83	Major Antibodies

The 83 samples with major antibodies were forwarded to the Centers for Disease Control for identification of antibodies considered risk factors in hemolytic diseases of the newborn. ABO blood grouping was also performed on 6,834 specimens to determine the A, B, AB and O blood types.

An enzyme-linked immunosorbent assay for rubella was performed on 6,965 single serum samples to determine the immune status and or define the need for rubella vaccinations. Results indicated 5,708 had immunity and 1,219 had a probable lack of immunity.

A standard test for syphilis was performed on samples submitted during the first and third trimester of pregnancy. The VDRL slide agglutination test performed on 13,564 samples detected 143 reactives.

As of April 16, 1985, testing for rubella and syphilis was transferred to the Bureau of Serology. Data on that testing can be found in the Bureau of Serology.

Centers for Disease Control laboratory update material was maintained in this area and sent upon request for presentation to classes throughout the state.

Clinical Chemistry Division

A Division of Clinical Chemistry was initiated in fiscal year 1985 to begin testing TB patients as a service to county health departments. This program began early in fiscal year 1986.

Other Activities—The Parasitology Division began routinely testing for *Crytosporidium* species.

The Sanitary Bacteriology Division completed evaluating a new type of frozen dessert machine for the Bureau of Inspection.

Enteric Bacteriology was involved in a *Shigella sonnei* outbreak in a local children's home.

Proficiency testing specimens were provided by the Centers for Disease Control to the Special Bacteriology, Enteric and Parasitology divisions. The division continued

CHART 4-1
POSITIVE RABIES MAP
FISCAL YEAR 1985

TOTAL POSITIVES 160

1 Raccoon from Coffee County & 1 Raccoon from Dale County
Tested in Georgia but Found in Alabama.

to serve as a reference laboratory in proficiency testing of *Neisseria gonorrhoeae* for the Centers for Disease Control and the Tennessee State Health Department. The Food and Drug Administration administered the proficiency testing program in food bacteriology and the state laboratory evaluation officer for water and dairy products provided check samples in this area. The Division of Rh was provided check samples by the Centers for Disease Control and the Alabama Premarital Approval and Proficiency Testing Laboratory.

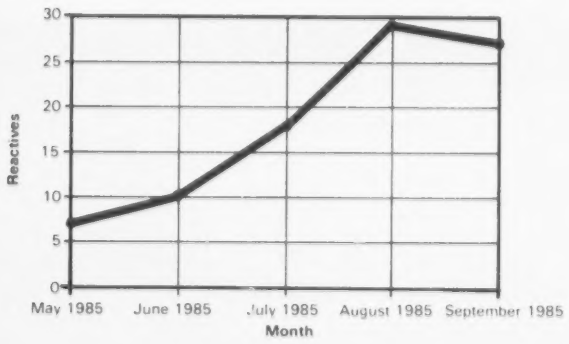
Microbiologists attended the following courses and training programs:

1. The Laboratory Diagnosis of Bacterial Foodborne Diseases
2. DNA Hybridization Techniques
3. Clinical Chemistry
4. Gas Chromatograph Techniques

Personnel consisted of three microbiologist IV's, six microbiologist III's, six microbiologist II's, one laboratory technician III, two laboratory technician II's and two laboratory technician I's.

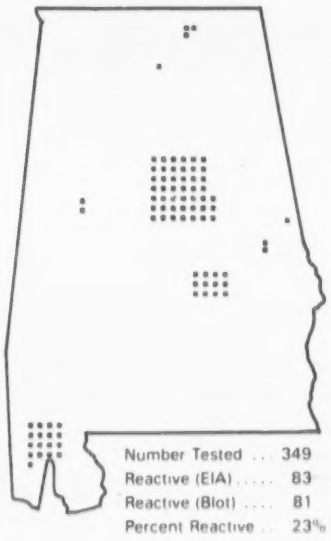
The number of reactives steadily increased until August at which time it stabilized at between 25 and 30 reactives per month as shown in Graph 4-1. It is believed the initial rise in the number of reactives was due in part to the widespread media coverage on this syndrome and the availability of testing.

GRAPH 4-1
HTLV-III ANTIBODY REACTIVE SERA
MAY-SEPTEMBER 1985



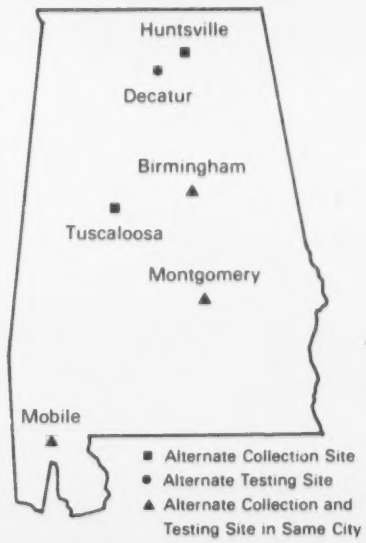
As of September 30, 1985, the Clinical Laboratory Administration had tested 349 specimens of which 83 (23 percent) were repeatedly reactive by EIA. These specimens were received mainly from three epicenters in the state. The Western blot was also reactive on 81 of the repeatedly reactive EIA specimens. Chart 4-2 gives information about HTLV-III reactives.

CHART 4-2
HTLV-III REACTIVES
MAY 15-SEPTEMBER 30, 1985



HTLV-III Testing—On May 15, 1985, the Clinical Laboratory Administration began accepting specimens from alternate collection sites and the private sector for HTLV-III antibody testing. The location of these sites is shown in Chart 4-3 and the criteria for selection of these sites are listed as follows.

CHART 4-3
HTLV-III ANTIBODY TESTING
1985



Criteria for Selection of Alternate Collecton Sites

- They are urban population centers.
- They are centrally located and are accessible to the majority of Alabama residents.
- Eleven of the state's 12 blood donor facilities are located near one of the five sites.
- Trained staff from the Division of Sexually Transmitted Disease Control are available at these locations for counseling.

BUREAU OF SEROLOGY

Syphilis Serology Division

The Syphilis Serology Division performed 64,583 examinations on 58,766 specimens utilizing the VDRL Slide Agglutination Test. The results of these examinations are listed in Table 4-3.

years and more often if needed.
4. Training when a refresher course is indicated.

Adequacy of test performance was determined by the average disagreement of no more 10 percent and at least a 90 percent reproducibility on paired sera.

The criteria for those desiring to become approved for performing premarital blood testing are as follows:

1. A completed application form must be returned to the Clinical Laboratory Administration. This application will be reviewed by the Bureau of Licensure and Certification.
2. The applying person must fulfill the requirements of a technologist as stated in the "Alabama State Board of Health; Rules, Regulations and Standards for Independent Clinical Laboratories; Adapted October 15, 1975," page 9, section C, paragraph 303.1.

TABLE 4-3
SYPHILIS EXAMINATIONS
1985

VDRL Slide Test	Specimens	Reactives	Examinations	Percent Reactives
Routine	49,104	5,028	54,652	10.2
Premarital	7,685	186	7,941	2.4
Spinal Fluids	1,977	13	1,990	0.66

Control sera were furnished to branch and clinical laboratories on request. In addition quality control testing was performed on reagents before distribution to branch laboratories.

Premarital Approval and Proficiency Testing—All laboratories performing premarital blood tests for syphilis were proficiency tested for certification. The Central Laboratory administered a quality control program for 122 Red Cross, blood banking and clinical laboratories performing these tests. Also laboratories licensed by the Clinical Laboratories Improvement Act (CLIA) to perform syphilis serology on an interstate basis were evaluated during the year. Quality control was accomplished by:

1. Sending 10 prepared serum specimens of graded reactivity five times a year.
2. Evaluating and reporting results.
3. Inspecting each laboratory at least once every two
3. The Bureau of Licensure and Certification notifies the Clinical Laboratory Administration of the person's eligibility as a technologist.
4. A set of check specimens consisting of 10 serum samples is mailed to the applying technologist and after these results are received a second set is mailed.
5. If results on these samples show an average deviation of 10.0 percent or less, approval will be granted. Probate judges will be notified and a supply of premarital certificates will be furnished.

Special Division

Bacterial Agglutination Tests—A tube agglutination test for brucella and tularemia was performed on 45 specimens. One specimen was positive for *Brucella abortus* and two specimens were positive for *Francisella (Pasteurella) tularensis*. In addition, five specimens were forwarded to Auburn for *Brucella canis* testing.

Complement Fixation Tests (Viral)—Paired sera for antibodies to respiratory, neurotropic, enteric and exanthem viruses; rickettsia and chlamydia totaled 789. Results interpreted as compatible with recent infection (specimens showing a four-fold or greater rise in titer of the convalescent specimen over the acute specimen) were:

Influenza A	44
Influenza B	5
Adenovirus Group	6
Mycoplasma pneumoniae	11
Chlamydia group	1
Parainfluenza 1	1
Parainfluenza 3	1
Lymphocytic Choriomeningitis	1
Herpes Simplex	7
Mumps Viral	5
Murine Typhus	1
Spotted Fever Group	6
Varicella	3
Cytomegalovirus	8
TOTAL	100

Negative results were obtained on 103 paired serums, and 14 pairs were unsatisfactory.

Results suggesting involvement at some undetermined time but not necessarily in the current illness were:

Influenza A	291
Influenza B	187
Adenovirus group	230
Mycoplasma pneumoniae	340
Chlamydia Group	28
Respiratory Syncytial	23
Parainfluenza Type 1	20
Parainfluenza Type 2	20
Parainfluenza Type 3	45
Mumps Viral	80
St. Louis Encephalitis	1
Herpes Simplex	117
Spotted Fever Group	6
Q Fever	1
Polio Type III	3
Rubeola	20
Varicella	13
Cytomegalovirus	73
TOTAL	1,498

Specimens received for viral and rickettsial serology were tested against batteries of antigens. Examinations totaled 9,253.

One hundred thirty-seven single specimens were tested on special request.

Encephalitis Surveillance—In cooperation with the Environmental and Facility Standards Administration, the Special Serology Section performed hemagglutination-inhibition testing on 751 bird sera as part of an encephalitis surveillance program. Specimens were tested for antibody against St. Louis encephalitis, Eastern equine encephalitis and Highlands J encephalitis antigens. None of these specimens had a titer of 20 or above.

Rubella Serology—The hemagglutination inhibition (HI) test for rubella antibodies was performed on 89 specimens for diagnostic purposes. None of the paired sera showed a four-fold or greater rise in titer.

Beginning April 16, 1985, the special serology section tested 6,730 rubella specimens by the enzyme immunoassay (EIA) method. Of these, 6,669 specimens were submitted for immune status determination with the following results:

Immune	5,837
Non-immune	722
Unsatisfactory	110

Sixty-one specimens were tested by the EIA method for diagnostic purposes. Paired sera from one patient showed a significant increase in antibody level due to vaccine response.

Complement Fixation Tests (Fungal)—A complement fixation test for histoplasmosis (both mycelial and yeast phases), blastomycosis and coccidioidomycosis was performed on 1,011 specimens. Those showing a titer of 1:8 or above were:

Histoplasma capsulatum

Mycelial	Yeast	Both
5	192	39

Blastomyces dermatitidis
3

Coccidioides immitis
1

B. dermatitidis & H. capsulatum
4

C. immitis & H. capsulatum
3

B. dermatitidis & C. immitis & H. capsulatum
1

Unsatisfactory
48

Microimmunodiffusion Tests—During fiscal year 1985 microimmunodiffusion testing was performed on 1,011 sera for histoplasmosis and blastomycosis. From these the following bands were produced:

Histoplasmosis

M Band	100
H Band	0
M & H Band	12

Blastomycosis

A Band	9

Aspergillosis testing was performed on 324 sera by this same method. Five specimens gave a positive reaction to one or more of the species listed as follows:

Aspergillus Species	Positives
Aspergillus flavus	1
Aspergillus fumigatus	4

Hepatitis Serology—In fiscal year 1985, hepatitis testing by the enzyme immunoassay (EIA) method was performed on 797 specimens. This service is offered in support of the Bureau of Epidemiology and Consultation and is available only to county health departments. Testing is provided for outbreaks, suspected cases, and contacts of suspected cases of hepatitis. The test is not offered for routine screening. Prior arrangements must be made with the Clinical Laboratory Administration or the Bureau of Epidemiology and Consultation before submitting the initial specimen from a patient.

Fifty-three hepatitis A requests were received; six of these were reactive for a hepatitis A IgM antibody. The following results were obtained on the 795 requests for hepatitis B testing:

HBsAg + anti-HBc (acute)	92
anti-HBc only (window)	55
anti-HBc + anti-HBs (immunity)	138
HBsAg only (possible early acute)	34
anti-HBs only (vaccine response)	37
HBsAG + anti-HBs + anti-Hbc	3

In addition to the hepatitis markers listed above, testing is also available on special requests for hepatitis B e antigen/antibody, core IgM antibody, and antibody to hepatitis delta antigen.

Metabolic Division

PKU—A total of 100,539 blood specimens was tested for phenylalanine levels. Results are summarized as follows:

Newborn (White)	30,994
Newborn (Black)	17,725
Four-week (White)	33,594
Four-week (Black)	17,566
Older Children	9
Maternal	15
Center for Developmental and Learning Disorders	6
Miscellaneous	43
REPEATS:	587
Inadequate bloods	2
Upper limits of normal	212
Feeding less than 24 hours	70
Slight transient elevations	109
Dietary follow-up	194
TOTAL	100,539

One positive PKU was detected during fiscal year 1985. The cumulative total of positives since the program began in 1964 is as follows:

Newborn (White)	48
Newborn (Black)	2
Four-week (White) First Test	2*
Older Children	5
Partlow (New Admissions)	3
TOTAL	60

*Six week old infants tested for first time by the Clinical Laboratory Administration included in this figure.

PKU Chemistry—Chemical determinations were made as follows:

Nitroprusside test for cystinuria and homocystinuria (Urine specimens)	26
Chromatography (Sulfanilic acid stained for histidine and urinary metabolites-urine specimens)	26
Chromatography (Isatin and Ehrlich's stained for proline and hydroxyproline disorders-blood and urine specimens)	224
Chromatography (Ninhydrin stained for amino-acid disorders-blood and urine specimens)	112

CHART 4-4
SYPHILIS SEROLOGY CERTIFIED LABORATORIES
1985

A total of 388 tests for amino acids was performed on 112 blood and urine specimens from physicians throughout the state.

Neonatal Hypothyroid Screening—The results of the statewide neonatal hypothyroid screening program for fiscal year 1985 are shown in the following tables.

TABLE 4-4
NEONATAL HYPOTHYROID SCREENING
FISCAL YEAR 1985

T^1 (Thyroxine Level) Specimens	Number Tested	Examinations	Cases Detected
Newborn (White)	30,994	34,750	5
Newborn (Black)	17,725	19,889	1
Four Week (White)	33,322	37,545	1
Four Week (Black)	17,419	19,554	0
Repeat Specimens	300	300*	—
TSH (Thyroid Stimulating Hormone)	11,315*	22,630	—
TOTAL	99,760		
		111,738	
TOTAL EXAMS		134,368	

*Included as a percentage of second specimen examinations

TABLE 4-5
NEWBORNS TESTED SINCE PROGRAM BEGAN
1978-1985

Year	Newborns	Cases Detected	Incidence
1978	38,695	4	1/9,673
1979	50,834	10	1/5,083
1980	51,122	7*	1/7,303
1981‡	50,312	10	1/5,031
1982	49,775	13	1/3,829
1983	49,386	7	1/7,054
1984	48,423	8	1/6,053
1985	48,719	7	1/6,960
TOTAL	387,266	66	1/5,868

*Indicates one infant with transient hypothyroidism
‡Statistics began on a fiscal year basis

Abnormal Hemoglobin Screening (Including Sickle Cell Anemia)—A total number of 38,851 specimens was tested by electrophoresis for abnormal hemoglobins. The results were:

AA	33,656
AS	3,198
AC	870
SS	54
SF	35
SC	41
AF	474
A high F	215
CC	8
AG Philadelphia	2
AE	41
Non S	46
Non C	5
EE	2
CF	2
AN Baltimore	1
A + fast mover	8
ASG Philadelphia	2
A + unknown	1
ACG Philadelphia	1
Unknown	1
FAC	1
FAS	2
FF	3
FA	21

Thalassemias:

FA	1
AFA_2	1
CA	3
CFA	1
SA	10
SAF	6
SFA	3
FF	1
Unsatisfactory	108
Repeats	27
TOTAL	38,851

Electrophoresis at an acid pH was performed on 4,987 specimens to distinguish various abnormal hemoglobins, especially those having the same mobilities as S and C at an alkaline pH.

Polypeptide chain involvement was determined by globin chain electrophoresis on 61 specimens.

Indirect Fluorescent Antibody (IFA) Division

Fluorescent Microscopy—The Fluorescent Treponemal Antibody-Absorption (FTA-ABS) test for syphilis was performed on all specimens found to be nonreactive with the Microhemmagglutination assay for antibodies to *Treponema pallidum*. There were 1,201 specimens examined using the FTA-ABS test with the following results:

Reactive	120
Nonreactive	955
Unsatisfactory	5
Check Specimens	121

The indirect immunofluorescence test was employed for the detection of antibodies to *Toxoplasma gondii*. Of the 555 specimens tested, titers of 1:16 or greater were obtained on 114 with 23 of these titering 1:256 or greater. Two serum specimens were submitted to the Centers for Disease Control to be tested for IgM antibodies to *T. gondii*.

The indirect immunofluorescence test was also used to detect antibodies to *Legionella pneumophila*. Of the 339 specimens tested, one specimen titered 1:256 or greater providing presumptive evidence of infection at an undetermined time. Paired sera from two patients demonstrated a four-fold rise in titer, showing evidence of a recent infection.

Other Activities—The Bureau of Serology continued to serve as a reference laboratory for the Centers for Disease Control and the states of Florida, Kentucky, Missouri, North Carolina and Oklahoma for the Rapid Plasma Reagin (RPR), the VDRL slide agglutination test, the FTA-ABS test, and the microhemagglutination assay for *Treponema pallidum* (MHA-TP). This bureau also served as a reference laboratory for the Centers for Disease Control for hemoglobinopathies.

The supervisor of the Bureau of Serology attended a course at the Centers for Disease Control on Western blot testing for antibodies to HTLV-III. The laboratory director and the Bureau of Serology supervisor attended the first International Symposium on AIDS in Atlanta. They also attended several other meetings and gave presentations on laboratory testing for antibodies to HTLV-III.

The Metabolic Screening Section evaluated blood spot tests for galactosemia and cystic fibrosis. This evaluation utilized existing specimens submitted for PKU and hypothyroidism testing.

Personnel consisted of one microbiologist IV, five microbiologist III's, six microbiologist II's, three microbiologist I's, one laboratory technician II and one laboratory technician I.

BUREAU OF TUBERCULOSIS AND MYCOLOGY

Tuberculosis Division

A total of 22,511 specimens for tuberculosis examination was received from October 1, 1984, to September 30, 1985. The total number of examinations performed on these specimens was 125,623. A breakdown of examinations and results follows:

TOTAL SPECIMENS	22,511
Microscopic smears	21,117
Positive	777
Negative	20,340
Cultures for identification	748
Unsatisfactory specimens	646

TOTAL CULTURES	21,865
Positive	1,486
Negative	18,647
Unsatisfactory contaminated	961
Mycobacteria not *M. tuberculosis**	1,408
Nocardia sps.	29

*744 of these cultures were suspected pathogens and/or referred cultures and were identified as follows:

M. kansasii	14
M. marinum	10
M. avium—M. intracellulare complex	527
M. chelonae subspecies *abscessus*	40
M. fortuitum	33
M. avium-intracellulare-scrofulaceum complex	13
M. terrae	8
M. vaccae	1
M. gordonae	85
Other species	13

Special tests performed for identification were:

Subculture	1,345
Primary biochemicals (identification of *M. tuberculosis*)	715
Secondary biochemicals (identification of all other mycobacteria)	630
Serotyping	290

Drug susceptibility tests	1,152
Direct tests	272
Indirect tests	880

Mycology Division

Of the 3,404 specimens received by the Mycology section, 864 were cultures for identification. The following pathogenic or possible pathogenic fungi were identified:

Coccidioides immitis	1
Blastomyces dermatitidis	20
Cryptococcus neoformans	16
Cryptococcus albidus	1
Cryptococcus laurentii	1
Cryptococcus luteolus	3
Cryptococcus terreus	1
Candida albicans	72
Candida guillermondii	2
Candida krusei	8
Candida norvegensis	3
Candida parapsilosis	39
Candida pseudotropicalis	2
Actinomadura madurae	2
Candida tropicalis	41
Histoplasma capsulatum	18
Sporothrix schenckii	1
Nocardia asteroides	7
Nocardia brasiliensis	1
Pseudallescheria boydii	13
Exophiala jeanselmei	4
Cladosporium banticuum	1
Fonsecaea pedrosoi	2
Phialophona parasitica	2
Saccharomyces cerevisiae	6
Torulopsis glabrata	25
Torulopsis sp.	2
Trichosporan beigelii	20
Geotrichum penicillatum	1
Aspergillus fumigatus	34
Aspergillus flavus	32
Aspergillus glaucus	5
Aspergillus nidulans	16
Aspergillus niger	25
Aspergillus terreus	10
Aspergillus sp.	7
Microsporum canis	8
Microsporum gypseum	2
Epidermophyton floccosum	3
Trichophyton mentagrophytes	8
Trichophyton rubrum	36
Trichophyton tonsurans	25
Trichophyton terrestre	2
Rhizopus sp.	4
Mucor sp	8

The Tuberculosis Division continued to participate in the Centers for Disease Control study of drug resistance among never treated and previously treated tuberculosis patients. This study began October 1, 1982. The Tuberculosis Division also continued to work with the CDC in a drug study evaluating short term chemotherapy for tuberculosis patients. The Tuberculosis Division also participated in an ongoing study being conducted by the CDC to gather information on the isolation of nontuberculous mycobacteria. The data collected in this survey are helpful in assessing the incidence and geographic distribution of nontuberculous mycobacteria in the United States.

The Mycology Division continued to serve as a reference laboratory for the CDC and the New York City Public Health Laboratory in their proficiency testing programs.

This bureau, in conjunction with the Baptist Medical Center of Montgomery, conducted a program in bench training for technology students of that institution. This training included diagnostic methods for tuberculosis and mycology. This bureau also conducted tours and provided orientation for public health nurses and other personnel. The Bureau of Tuberculosis and Mycology also provided stock cultures, on request, to various hospitals, laboratories, schools and universities.

In order to constantly upgrade services and maintain the high standards and reputation of the laboratory, personnel attended courses, workshops and seminars whenever possible. This past year two microbiologists attended courses on mycobacteria at the Centers for Disease Control.

The personnel consisted on one microbiologist IV, four microbiologist III's, five microbiologist II's, one laboratory technician III and two laboratory technician II's.

BRANCH LABORATORIES

Birmingham Branch Laboratory

The Birmingham Branch Laboratory performed 300,781 examinations on 245,594 specimens in fiscal year 1985. These included the following:

1. 73,163 VDRL slide tests for syphilis of which 2,520 (3.4 percent) were positive.
2. 139,933 *Neisseria gonorrhoeae* cultures of which 9,659 (6.9 percent) were positive.
3. 7,253 dairy samples of which 1,527 (21.0 percent) were positive.
4. 21,763 water samples of which 932 (4.2 percent) were positive for coliform bacteria.
5. 798 water samples for fluoride determinations of which 2 (0.2 percent) were positive.
6. 908 animal brain specimens for rabies testing of which 17 (1.8 percent) were positive.
7. 158 blood tests for HTLV-III (EIA) antibody titer of which 31 (19.6 percent) were positive.

8. 1,438 urine cultures of which 103 (7.1 percent) were positive.
9. 118 throat gargles for influenza isolation of which 57 (48.3 percent) were positive.

The laboratory evaluation officer and the Sanitary Bacteriology Section prepared and submitted split milk proficiency samples to all state milk laboratories in accordance with the National Conference of Interstate Milk Shipments and the Food and Drug Administration. The results were compiled and statistically analyzed in a written report to the proper federal and state agencies. The report showed all milk analysts maintained compliance with this part of the certification program.

The evaluation officer conducted 16 on-site laboratory evaluations in accordance with the Food and Drug Administration and the Environmental Protection Agency's laboratory certification programs. These laboratories were certified when compliance with established procedures and regulations were observed. Thirteen analysts were certified in four milk laboratories while 43 analysts were certified in 12 water laboratories. It is interesting to note that for the first time in Alabama a milk industry laboratory was evaluated and certified for Grade A milk testing.

Certification was awarded to the analysts who complied with the following major areas of responsibility:

1. Accuracy of technique and procedure.
2. Interpreting and reporting results.
3. Quality control procedures and records.

The evaluation officer also assisted in the training of a second evaluation officer through these on-site evaluations.

The Sanitary Bacteriology Section provided in-house training to seven municipal/industry water analysts. This section also continued milk and water laboratories and performed evaluation testing for new procedures.

The director/laboratory evaluation officer participated in an AIDS update meeting conducted by the Centers for Disease Control, the National Conference on Interstate Milk Shipments, the Food and Drug Administration Region IV workshop, the Alabama Dairy Conference, the annual and district Alabama Rural Water Association meetings, the Public Manager's Workshop Level II, and the Positive Discipline Workshop by state personnel.

Tours were provided to the School of Public Health, University of Alabama at Birmingham faculty and Centers for Disease Control representatives.

Personnel for the year consisted of one microbiologist V, one microbiologist IV, two microbiologist III's, four microbiologist II's, two microbiologist I's, two laboratory technician III's, one laboratory technician II, three laboratory technician II's, one clerk typist III and two clerk typist II's.

Decatur Branch Laboratory

The Decatur Branch Laboratory performed 93,339 examinations on 67,503 specimens during fiscal year 1985. These examinations included:

1. 22,500 blood specimens by the VDRL Slide Test for syphilis of which 2.7 percent were positive.
2. 3,367 milk and dairy product samples of which 12.2 percent were positive.
3. 12,059 public and private water samples were analyzed bacteriologically using the Millipore Filter Technique, of which 9.4 percent were found positive.
4. 28,207 *Neisseria gonorrhoeae* cultures, of which 7.1 percent of this total were found positive.
5. 631 animal brains for rabies, with a total of 15 positives being found. The following animals were diagnosed positive: 7 bats, 5 skunks, 1 fox, 1 dog and 1 cat.
6. 522 urines were cultured and examined for urinary tract infection, and 63 specimens were positive.

In other activities, the Decatur Branch Laboratory began using the Enzyme Immunoassay (EIA) test for the detection of HTLV-III antibodies in May of 1985. One microbiologist attended an EIA workshop in Atlanta (CDC) in March 1985.

The Decatur Branch Laboratory continued to participate in proficiency testing programs for syphilis serology, milk analysis, water supply study for total coliform bacteria and *Neisseria gonorrhoeae*.

Decatur laboratory personnel conducted tours of the facility for several interested groups and lectured to nurses at in-service meetings for the Tri-County District Health Services.

Personnel of the Decatur Laboratory consisted of one microbiologist IV, two microbiologist III's, two microbiologist II's, two laboratory technician II's, one laborer and one clerk typist II.

Dothan Branch Laboratory

The Dothan Branch Laboratory performed 25,258 examinations on 15,149 specimens during the 1985 fiscal year. These examinations included the following:

1. 1,422 milk and dairy products of which 25 percent were positive.
2. 6,345 public and private water samples of which 5 percent were positive.
3. 7,140 *Neisseria gonorrhoeae* specimens of which 13 percent were positive.
4. 331 urine cultures of which 9 percent were positive.
5. 391 animal heads were shipped to the Central Laboratory for rabies testing. Of these 55 or 14 percent were positive for rabies.

In other activities the laboratory received proficiency testing specimens for *Neisseria gonorrhaeae*, water and dairy products.

A representative from the laboratory attended Level II of the Alabama Department of Public Health Management Development Program in Montgomery.

The laboratory worked with representatives from the Environmental Protection Agency and the Bureau of Radiological Health during a mock disaster of the Farley Nuclear Plant.

The laboratory received a new cryoscope and can now test milks for added water.

Tours of the laboratory were conducted for nursing students from Wallace Community College and senior high students interested in health related occupations.

A water workshop sponsored by the Alabama Department of Environmental Management as well as an AIDS workshop sponsored by the Division of Sexually Transmitted Disease Control, were both attended in Birmingham.

The urine culture program which began as a pilot program in the Dothan Laboratory was implemented statewide.

The plans for a new laboratory were finalized and ground was broken for the new building, which is scheduled to be completed in August 1986.

The laboratory was recertified to do Medicaid testing for *Neisseria gonorrhoeae*.

The seven counties in the southeastern corner of the state continue to be the service area of the laboratory.

The laboratory assisted in the training of Dothan city personnel to operate the new potable water laboratory.

Personnel consisted of one microbiologist III, one laboratory technician II and one laboratory technician I.

Mobile Branch Laboratory

The Mobile Branch Laboratory performed 138,143 examinations on 110,369 specimens during this fiscal year. The following examinations were performed:

1. 44,820 blood specimens by the VDRL slide test for syphilis. This was a 14 percent increase over last year. Premarital tests accounted for 5,140 of these specimens.
2. Tests were performed on 3,234 dairy samples. This was a 48 percent increase over last year. Of this number, 24 percent were positive.
3. Potable water samples totaling 10,440 were examined reflecting a 1 percent decrease from last year. Approximately 1 percent were positive. Eight special surface samples were tested by the most probable number method.
4. Shellfish samples decreased by 25 percent from the previous year with 127 samples being tested for *Escherichia coli* by the multiple tube most probable number method. A total of 303 bay water samples was tested. This was a 50 percent increase over the 1983-84 year.
5. 51,012 *Neisseria gonorrhoeae* cultures. Of this number 8 percent were positive. A total of 14 penicillinase-producing GC cultures was found. All of these were from Mobile County.
6. 260 animal brains were examined for rabies. This is a 16 percent decrease from last year. Only one positive bat was found compared to seven for last year.
7. 77 serological (EIA) tests were performed for HTLV-III virus.

Testing began in May 1985.

In other activities, the building for the Mobile Branch Laboratory was finished in March, and the laboratory moved into the building on March 29, 1985, without any disruption of services. The beautiful building located at 757 Museum Drive is on approximately 3.5 acres adjacent to Auburn University Experimental Stations. The well arranged space and equipment are satisfactory for all needs. Dedication services were held on June 25, 1985. Since this time, several groups and individuals have toured the new facility.

One microbiologist attended the Interstate Shellfish Sanitation Conference held in Cherry Hill, New Jersey. Three persons attended the South Atlantic States Shellfish Conference held in Mobile. A presentation was made on new shellfish test procedures by one microbiologist. The Food and Drug Administration sponsored collaborative study of the A-1M procedure for shellfish was continued. Research is progressing on the evaluation of a 24 hour *E. coli* fluorescent test.

The director attended Level II of the Alabama Department of Public Health Management Development Program in Montgomery.

Proficiency testing specimens for *Neisseria gonorrhoeae*, syphilis serology, milk testing and potable water were completed.

The laboratory was recertified to perform Medicaid testing for syphilis serology and *Neisseria gonorrhoeae*.

Personnel consisted of one microbiologist V, two microbiologist III's, four microbiologist II's, one microbiologist I, three laboratory technician I's and one clerk typist II, one clerk typist I and one custodial worker I.

TABLE 4-6
BIRMINGHAM CLINICAL LABORATORY
FISCAL YEAR 1985

LABORATORY: BIRMINGHAM REPORT PERIOD: FY85

BUREAU OF SEROLOGY		SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Hepatitis						
STS	VDRL-Routine MR 642	60,192	1,713	57,283	554	62,467
	VDRL-Premarital MR 90	12,921	75	12,726	30	13,056
	VDRL-Spinal Fluid					
	MHA-TP					
Influenza Isolations		118	57	58	3	172
Agar Gel						
CF	Viral					
	Fungal					
HI	Rubella-Influenza-SLE-Dengue					
EIA	HTLV-III	158				158
IFA	FTA-ABS					
	Toxoplasmosis					
	Legionnaires					
	Rickettsia					
	Herpes					
METABOLIC	Hemaglobinopathies					
	PKU-Guthrie					
	PKU-Chromatography					
	Hypothyroid					
BUREAU OF MICROBIOLOGY						
Enteric						
Urine Culture		1,438	103	1,332	3	1,435
Sanitary-Dairy		7,230	1,527	5,622	81	20,416
Potable Water		21,763	932	19,879	952	40,309
Fluorine		798	2	793	3	795
Bay Water						
Shellfish						
Special Bacteriology						
Staphylococcus						
Bordetella pertussis-Culture						
Bordetella pertussis-FA						
Brucella						
Diphtheria						
Legionella-Culture						
Legionella-FA						
Food Bacteriology						
Botulinum Testing						
GC Culture-PPNG Screening		139,933	9,659	123,289	6,985	160,244
Parasitology						
Streptococcus						
Filth Analysis						
Rabies		908	17	864	27	881
Rh Factor						
ABO Typing						
Antibody Detection						
BUREAU of TB/MYCOLOGY						
TB	Microscopic Smears					
	Referred Cultures					
	Total Cultures					
Mycology						
CHECK SPECIMENS		135				848
TOTALS		245,594	14,817	221,846	8,638	300,781

TABLE 4-7
DECATUR CLINICAL LABORATORY
FISCAL YEAR 1985

LABORATORY: DECATUR REPORT PERIOD: FY-85

BUREAU OF SEROLOGY		SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Hepatitis						
STS	VDRL-Routine MR 151	18,268	442	17,548	127	18,804
	VDRL-Premarital MR 2	4,292	10	4,279	1	4,309
	VDRL-Spinal Fluid					
	MHA-TP					
Bacterial Agglutination						
Agar Gel						
CF	Viral					
	Fungal					
HI	Rubella-Influenza-SLE-Dengue					
EIA	HTLV-III	61				68
IFA	FTA-ABS					
	Toxoplasmosis					
	Legionnaires					
	Rickettsia					
	Herpes					
METABOLIC	Hemaglobinopathies					
	PKU-Guthrie					
	PKU-Chromatography					
	Hypothyroid					
BUREAU OF MICROBIOLOGY						
Enteric						
Urine Culture		522	63	458	1	522
Sanitary-Dairy		3,367	412	2,935	20	13,197
Potable Water		12,059	1,136	10,419	504	23,373
Fluorine						
Bay Water						
Shellfish						
Special Bacteriology						
Staphylococcus						
Bordetella pertusis-Culture						
Bordetella pertussis-FA						
Brucella						
Diphtheria						
Legionella-Culture						
Legionella-FA						
Food Bacteriology						
Botulinum Testing						
GC Culture-PPNG Screening		28,207	1,993	25,726	488	32,030
Parasitology						
Streptococcus						
Filth Analysis						
Rabies		631	15	596	20	611
Rh Factor						
ABO Typing						
Antibody Detection						
BUREAU of TB/MYCOLOGY						
TB	Microscopic Smears					
	Referred Cultures					
	Total Cultures					
Mycology						
CHECK SPECIMENS		96				425
TOTALS		67,503	4,224	61,961	1,161	93,339

TABLE 4-8
DOTHAN CLINICAL LABORATORY
FISCAL YEAR 1985

LABORATORY: DOTHAN REPORT PERIOD: FY85

BUREAU OF SEROLOGY		SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Hepatitis						
STS	VDRL-Routine					
	VDRL-Premarital					
	VDRL-Spinal Fluid					
	MHA-TP					
Bacterial Agglutination						
Agar Gel						
CF	Viral					
	Fungal					
HI	Rubella-Influenza-SLE-Dengue					
EIA	HTLV-III					
IFA	FTA-ABS					
	Toxoplasmosis					
	Legionneires					
	Rickettsia					
	Herpes					
METABOLIC	Hemaglobinopathies					
	PKU-Guthrie					
	PKU-Chrometography					
	Hypothyroid					
BUREAU OF MICROBIOLOGY						
Enteric						
Urine Culture		331	28	229		331
Sanitary-Dairy		1,422	351	1,055	16	3,758
Potable Water		6,345	318	5 829	198	12,486
Fluorine						
Bay Water						
Shellfish						
Special Bacteriology						
Staphylococcus						
Bordetella pertusis-Culture						
Bordetella pertussis-FA						
Brucella						
Diphtheria						
Legionella-Culture						
Legionella-FA						
Food Bacteriology						
Botulinum Testing						
GC Culture-PPNG Screening		7,140	903	6,056	181	8,641
Parasitology						
Streptococcus						
Filth Analysis						
Rabies						
Rh Factor						
ABO Typing						
Antibody Detection						
BUREAU of TB/MYCOLOGY						
TB	Microscopic Smears					
	Referred Cultures					
	Total Cultures					
Mycology						
CHECK SPECIMENS		33				69
TOTALS		15,271	1,600	13,169	395	25,285

TABLE 4-9
MOBILE CLINICAL LABORATORY
FISCAL YEAR 1985

LABORATORY: MOBILE — REPORT PERIOD: FY85

BUREAU OF SEROLOGY		SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Hepatitis						
STS	VDRL-Routine MR 250	39,680	1,799	37,527	104	41,880
	VDRL-Premarital MR 13	5,140	40	5,079	8	5,185
	VDRL-Spinal Fluid					
	MHA-TP					
Bacterial Agglutination						
Agar Gel						
CF	Viral					
	Fungal					
HI	Rubella-Influenza-SLE-Dengue					
EIA	HTLV-III	77				77
IFA	FTA-ABS					
	Toxoplasmosis					
	Legionnaires					
	Rickettsia					
	Herpes					
METABOLIC	Hemaglobinopathies					
	PKU-Guthrie					
	PKU-Chromatography					
	Hypothyroid					
BUREAU OF MICROBIOLOGY						
Enteric						
Urine Culture						
Sanitary-Dairy		3,234	793	2,404	37	9,409
Potable Water		10,448	136	9,414	898	19,421
Fluorine						
Bay Water		303	32	249	22	562
Shellfish		127	26	101		747
Special Bacteriology						
Staphylococcus						
Bordetella pertusis-Culture						
Bordetella pertussis-FA						
Brucella						
Diphtheria						
Legionella-Culture						
Legionella-FA						
Food Bacteriology						
Botulinum Testing						
GC Culture-PPNG Screening		51,012	3,958	45,123	1,931	59,840
Parasitology						
Streptococcus						
Filth Analysis						
Rabies		260	1	254	5	255
Rh Factor						
ABO Typing						
Antibody Detection						
BUREAU of TB/MYCOLOGY						
TB	Microscopic Smears					
	Referred Cultures					
	Total Cultures					
Mycology						
CHECK SPECIMENS		88				507
TOTALS		110,369	7,048	100,151	3,005	137,883

TABLE 4-10
MONTGOMERY CLINICAL LABORATORY
FISCAL YEAR 1985

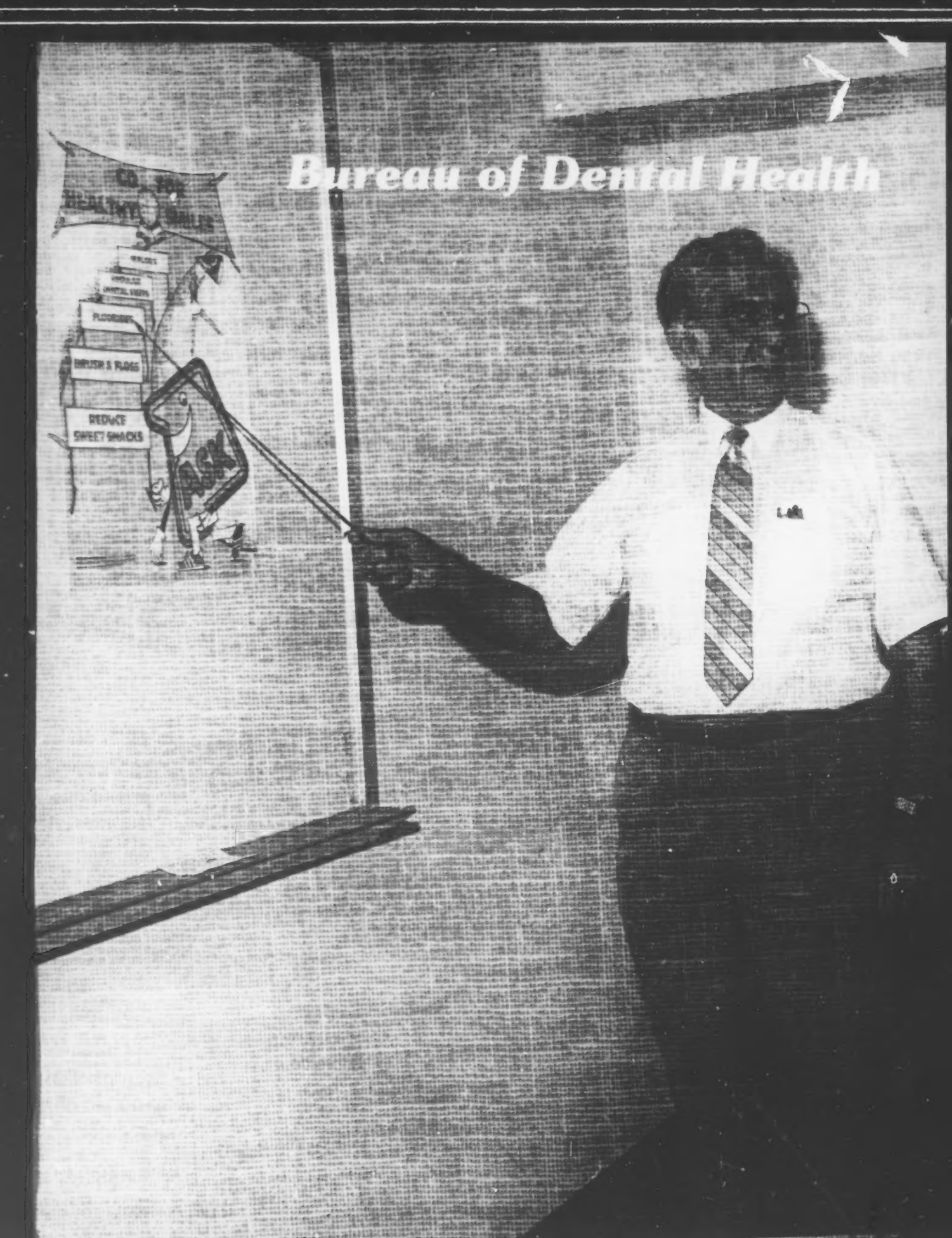
LABORATORY: MONTGOMERY REPORT PERIOD: FY-85

BUREAU OF SEROLOGY		SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Hepatitis		797				3,051
STS	VDRL-Routine MR 1,577	62,862	3,594	56,252	1,449	68,335
	VDRL-Premarital MR 113	7,685	73	7,413	86	7,941
	VDRL-Spinal Fluid	1,977	13	1,927	37	1,990
	MHA-TP	2,265				2,265
Bacterial Agglutination		45	3	47	2	51
Agar Gel		1,061	125	926	8	2,346
CF	Viral	1,793				9,253
	Fungal	1,028				4,112
HI	Rubella-Influenza-SLE-Dengue	14,609	5,708	1,219	74	16,812
EIA	HTLV-III	363				401
IFA	FTA-ABS	1,080	120	955	5	1,083
	Toxoplasmosis	555	114	439	2	556
	Legionnaires	339			1	363
	Rickettsia					
	Herpes					
METABOLIC	Hemaglobinopathies	38,851			108	43,904
	PKU-Guthrie	100,539				100,539
	PKU-Chromatography	112				388
	Hypothyroid	99,836			8,655	134,368
BUREAU OF MICROBIOLOGY						
Enteric		3,464	1,182	3,248	39	5,679
Urine Culture		897	230	666	2	1,251
Sanitary-Dairy		4,792	1,094	4,696	25	14,973
Potable Water		15,223	1,313	13,418	492	29,588
Fluorine						
Bay Water						
Shellfish						
Special Bacteriology		732	578	80	60	19,439
Staphylococcus		27	20	7		29
Bordetella pertusis-Culture		58	12	44	2	402
Bordetella pertussis-FA		108	46	56	7	1,082
Brucella		6		6		20
Diphtheria		14		14		56
Legionella-Culture		136	5	128	3	1,420
Legionella-FA		5	1	2	2	30
Food Bacteriology		246	35	152	56	4,163
Botulinum Testing		7		6	1	116
GC Culture-PPNG Screening		64,224	5,974	56,674	1,576	77,033
Parasitology		15,768	1,869	13,426	654	16,029
Streptococcus		2,061	341	1,716	4	2,824
Filth Analysis		56	41	15		101
Rabies		1,419	125	1,178	37	1,539
Rh Factor		12,884	9,233	3,481	170	23,102
ABO Typing		6,927			93	48,489
Antibody Detection		1,028				2,056
BUREAU of TB/MYCOLOGY						
TB	Microscopic Smears	21,762	777	20,339	646	21,117
	Referred Cultures	748				
	Total Cultures		1,486	18,649	961	125,347
Mycology		3,400				32,246
CHECK SPECIMENS		719				2,397
TOTALS		492,508	35,802	207,179	15,257	828,286

TABLE 4-11
COMBINED CLINICAL LABORATORIES
FISCAL YEAR 1985

LABORATORY: COMBINED REPORT PERIOD: FY-85

BUREAU OF SEROLOGY		SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Hepatitis		797				3,051
STS	VDRL-Routine MR 2,620	181,002	7,548	168,610	2,234	191,486
	VDRL-Premarital MR 218	30,038	198	29,497	125	30,491
	VDRL-Spinal Fluid	1,977	13	1,927	37	1,990
	MHA-TP	2,265				2,265
Bacterial Agglutination		45	3	47	2	51
Agar Gel		1,061	125	926	8	2,346
CF	Viral	1,793				9,253
	Fungal	1,028				4,112
HI	Rubella-Influenza-SLE-Dengue	14,609	5,708	1,219	74	16,812
EIA	HTLV-III	659				704
IFA	FTA-ABS	1,080	120	955	5	1,083
	Toxoplasmosis	555	114	439	2	556
	Legionnaires	339			1	363
	Rickettsia					
Influenza Isolation		118	57	58	3	172
METABOLIC	Hemaglobinopathies	38,851			108	43,904
	PKU-Guthrie	100,539				100,539
	PKU-Chromatography	112				388
	Hypothyroid	99,836			8,655	134,368
BUREAU OF MICROBIOLOGY						
Enteric		3,464	1,182	3,248	39	5,679
Urine Culture		3,188	424	2,685	6	3,539
Sanitary-Dairy		20,045	4,177	16,712	179	61,753
Potable Water		65,838	3,835	58,959	3,044	125,177
Fluorine		798	2	793	3	795
Bay Water		303	32	249	22	562
Shellfish		127	26	101		747
Special Bacteriology		732	578	80	60	19,439
Staphylococcus		27	20	7		29
Bordetella pertussis-Culture		58	12	44	2	402
Bordetella pertussis-FA		108	46	56	7	1,082
Brucella		6		6		20
Diphtheria		14		14		56
Legionella-Culture		136	5	128	3	1,420
Legionella-FA		5	1	2	2	30
Food Bacteriology		246	35	152	56	4,163
Botulinum Testing		7		6	1	116
GC Culture-PPNG Screening		290,516	22,487	256,868	11,161	337,788
Parasitology		15,768	1,869	13,426	654	16,029
Streptococcus		2,061	341	1,716	4	2,824
Filth Analysis		56	41	15		101
Rabies		3,218	158	2,892	89	3,286
Rh Factor		12,884	9,233	3,431	170	23,102
ABO Typing		6,927			93	48,489
Antibody Detection		1,028				2,056
BUREAU of TB/MYCOLOGY						
TB	Microscopic Smears	21,762	777	20,339	646	21,117
	Referred Cultures	748				
	Total Cultures		1,486	18,649	961	125,347
Mycology		3,400				32,246
CHECK SPECIMENS		1,071				4,246
TOTALS		931,245	63,491	604,306	28,456	1,385,574


Bureau of Dental Health
BRUSH & FLOSS
REDUCE
SWEET SNACKS

BUREAU OF DENTAL HEALTH

Division of Education and Prevention

The Alabama Smile Keeper (ASK) dental health education program was founded in 1974 for the prevention of dental disease. Through teacher workshops and classroom plaque control sessions serving children in kindergarten through the sixth grade, the major objective has been to educate, to motivate, and therefore, reduce the incidence of tooth decay.

The Division of Education and Prevention comprises a major segment of the Bureau of Dental Health's Alabama Smile Keeper Program. Under this division are school dental health education programs including public schools, private schools, colleges, rehabilitation and vocational schools; Head Start education programs; nursing home education programs, education for the handicapped; education for summer camps and special programs; health fairs; community activity and sealant programs. The successes of these programs are outlined as follows.

School Dental Health Education—During the year, 24,166 teachers and children in 20 school systems, benefited from the bureau's ASK program. Significant progress was made despite the loss of the bureau's programs coordinator in August 1985. The Bureau of Dental Health now employs four dental education consultants. Together with the director, they strive to serve Alabama with dedication and enthusiasm. Their main objective is to maintain excellence in the quality of all educational programs presented. Table 5-1 indicates activities throughout the state.

TABLE 5-1
SCHOOL DENTAL HEALTH
EDUCATION PROGRAMS
1985

School System	No. of Students	No. of Teachers	Total
PHA I			
Franklin County (Kindergartens)	300	15	315
Lawrence County	4,480	15	4,495
Hartselle City (Morgan County)	1,400	46	1,446
TOTAL	6,180	76	6,256
PHA II			
West End Christian School (Tuscaloosa County)	347	16	363
TOTAL	347	16	363
PHA III			
Blount County (Migrant School)	41	4	45
Oneonta City (Blount County)	575	30	605
Bessemer City (Jefferson County)	—	40	40
St. Clair County	3,485	150	3,635
TOTAL	4,101	224	4,325
PHA IV			
Tallapoosa County	2,172	107	2,279
TOTAL	2,172	107	2,279
PHA V			
Autauga County	—	80	80
Autauga County (Kindergartens)	312	12	324
Dale County	800	30	830
Ozark City (Dale County)	1,450	67	1,517
Montgomery County	296	103	399
Alabama Christian School (Montgomery County)	195	9	204
Russell County	—	25	25
TOTAL	3,053	326	3,379
PHA VI			
St. Patrick's Catholic School (Baldwin County)	239	9	248
Choctaw County	1,380	65	1,445
Linden City (Marengo County)	434	18	452
Mobile County	3,128	30	3,158
Washington County	2,236	25	2,261
TOTAL	7,417	147	7,564
GRAND TOTAL	23,270	896	24,166

An additional 1,136 participants were reached through programs for graduate students at the University of Alabama at Birmingham, for underprivileged children at Camp Exchange, for National Youth Sports programs and for Crippled Children's and Rehabilitation schools. Participation is shown in Table 5-2.

Tables 5-1 and 5-2 show that a combined total of 25,482 teachers and children received the school-based dental health education program during 1985.

TABLE 5-2
COLLEGE, CAMP, REHABILITATION & VOCATIONAL SCHOOL PROGRAMS
1985

Program	Number of Students
Calhoun County Area Vocational School	53
Camp Exchange (Elmore County)	362
Houston County Crippled Children & Rehabilitation School	14
Bessemer State Technical School (Jefferson County)	20
UAB Health Education Graduate Program (Jefferson County)	34
Lee County Crippled Children and Rehabilitation School	5
Macon County National Youth Sports Program	495
Mobile County Crippled Children and Rehabilitation School	14
Trenholm Technical School (Montgomery County)	19
Talladega County National Youth Sports Program	300
TOTAL	1,316

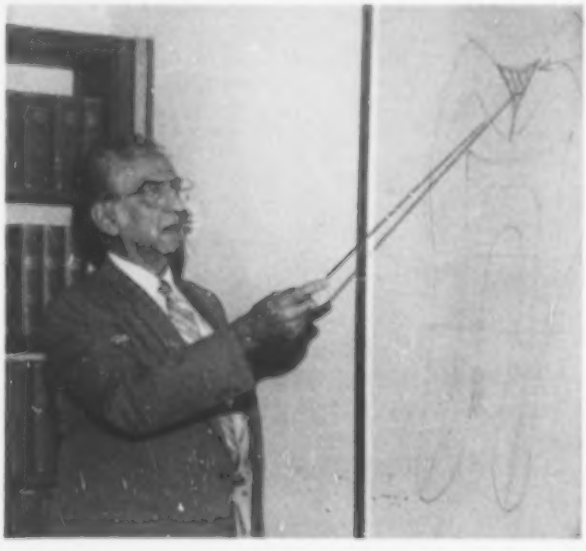
Fluoridation—The number of Alabamians receiving fluoridated water continued to increase in 1985. Three water systems—Childersburg, Evergreen and Piedmont—started fluoridating during the year and nearly all fluoridating systems had an increase in customers. This increase resulted in more than 100,000 additional persons being provided the benefit of fluoridated water in 1985. As a result of these new systems and additions, 2,785,967 Alabamians currently receive fluoridated water.

Several systems passed ordinances to begin fluoridation during the year. These systems—Evergreen, Flomaton, Leeds, Robertsdale and Stevenson—have a combined

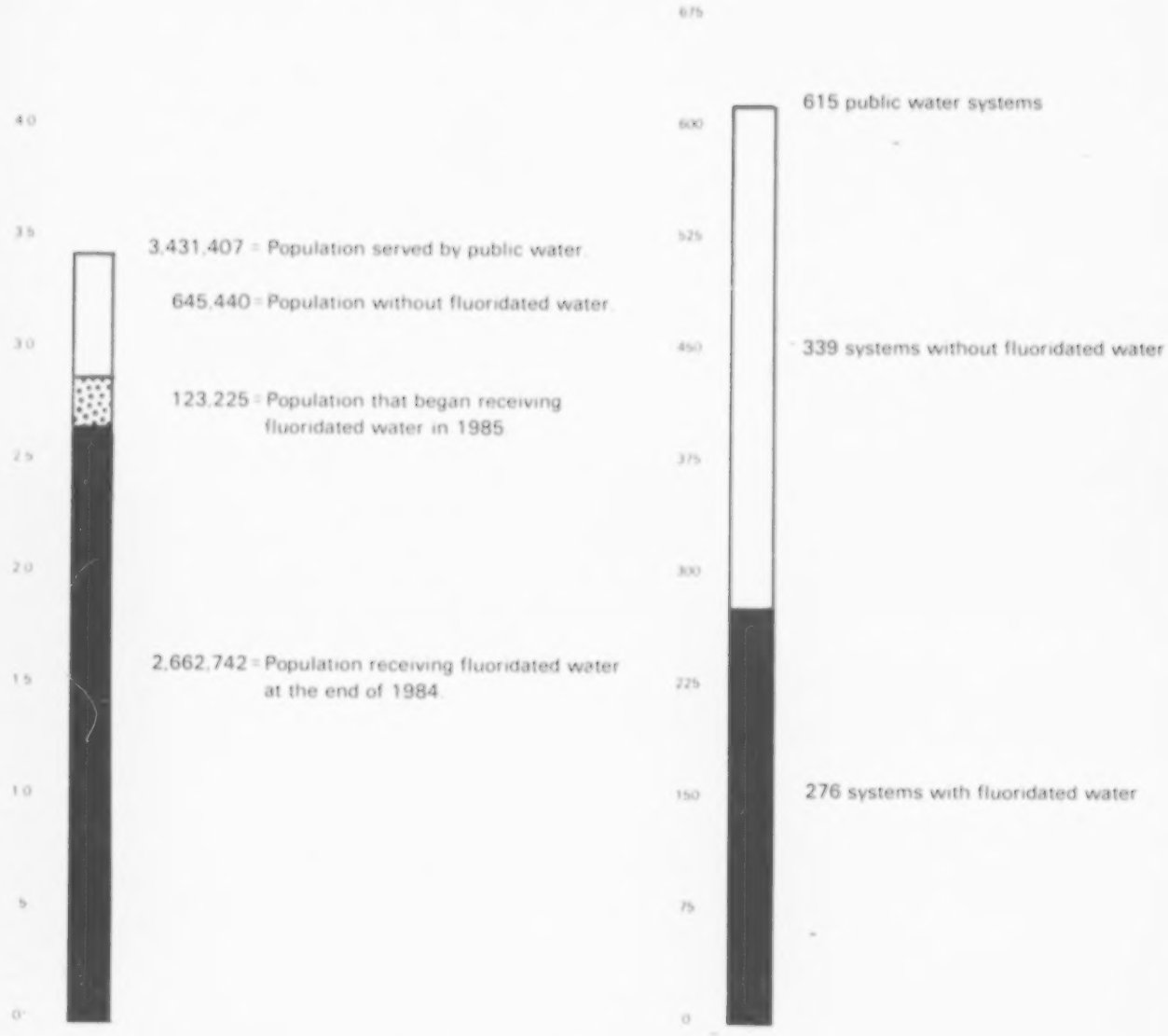
population of 28,738. One of these systems—Evergreen—has already begun while another—Leeds—is installing its equipment and chemical storage tanks, and should begin fluoridating early in 1986.

When viewing the graphs depicting the progress of fluoridation, (Graph 5-1) one will observe that of the 3,431,407 people on public water supplies 2,785,967—81.2 percent—are receiving fluoridated water. Although only 276 of the 615 public water systems fluoridate, they serve a large percentage of the state's population.

The 339 remaining systems have an average population of less than 2,000 each whereas those which fluoridate serve about 10,000. This results in smaller systems having to purchase approximately the same amount of equipment with less revenue; consequently, there is some hesitation by some city officials to make such an expenditure.



GRAPH 5-1
FLUORIDATION STATUS
AND POPULATION SERVED
PUBLIC WATER SYSTEMS
1985



*Scale is divided into decimal representations of millions. (Example: 1.5 = 1,500,000)

Public Water Systems of Alabama

Fluoride Mouthrinse Program—The Fluoride Mouthrinse Program continued serving 92,245 elementary school children and teachers during 1985. The program has been endorsed by 65 school systems and has been implemented in 269 schools in fluoride deficient areas of Alabama.

The incidence of tooth decay has been decreasing dramatically in communities with fluoridated water. A significant decrease has also been observed in communities with nonfluoridated water. The reason could be the increase in fluoride from other sources; use of fluoridated dentifrices, fluoridated water to process foods

and fluoride supplements. The Food and Drug Administration has concluded that combining fluorides from several different sources produces additive anti-decay effects.

The Bureau of Dental Health has provided school-based supplemental fluoride mouthrinse programs since 1977. Other than community water fluoridation, the program continues to be the most cost effective dental health measure available.

TABLE 5-3
PARTICIPATION IN FLUORIDE MOUTHRINSE PROGRAM
1977-1985

Year	Teachers	Children	Total Participants
1977	26	500	526
1978	90	2,300	2,390
1979	387	8,908	9,295
1980	1,307	29,400	30,707
1981	2,575	57,718	60,293
1982	2,436	79,590	82,026
1983	3,510	106,400	109,910
1984	3,208	98,683	101,891
1985	2,676	89,569	92,245

For the second year, there has been a slight reduction in participants in the fluoride mouthrinse program. School officials discontinue the program as communities begin to fluoridate their local water systems. With continued growth in fluoridation as the bureau's goal, the fluoride mouthrinse program should show a steady decline. Fluoridation is more effective in preventing decay and reaches a larger population.

The program consists of weekly rinsing with a 0.2 percent solution of neutral sodium fluoride. The recommended regimen is for children, kindergarten through the sixth grade, to rinse for 60 seconds once a week for 34 weeks during the school term. The voluntary participants in the program can obtain an approximate 35 percent reduction in tooth decay.

The simplicity, safety and effectiveness are among the fluoride mouthrinse program advantages listed as follows.

ADVANTAGE OF SCHOOL-BASED, WEEKLY FLUORIDE MOUTHRINSING PROGRAMS

1. The technique is easy for school-age children to learn and perform.
2. Little classroom time is required—five minutes or less per week.
3. The few materials required are cost effective.
4. Nondental personnel can easily supervise the procedure each week.
5. The program is well accepted by the children, their parents and school personnel.
6. The method is completely safe, even if a child swallows all the dispensed rinse.
7. The procedure promotes dental awareness all year long.
8. The method is effective in preventing tooth decay—more than 30 clinical studies have shown a reduction in decay 35 percent or more.

TABLE 5-4
FLUORIDE MOUTHRINSE PROGRAM
October 1, 1984-September 30, 1985

School System	Teachers	Children	Total
PHA I			
Colbert Co.	16	387	403
Cullman Co.	0	2,050	2,050
Franklin Co.	22	625	647
Jackson Co.	84	2,101	2,185
Lauderdale Co.	60	1,300	1,360
Madison Co.	78	2,500	2,578
Marion Co.	55	1,275	1,330
Winston Co.	9	486	495
TOTAL	324	10,724	11,048
PHA II			
Hale Co.	71	1,462	1,533
West Alabama District Health Department (Bibb, Fayette, Lamar, Tuscaloosa, Pickens & Greene)	131	14,274	14,405
TOTAL	202	15,736	15,938
PHA III			
Blount Co.	22	737	759
Stanton Christian (Chilton Co.)	7	91	98
Carbon Hill City (Walker Co.)	16	407	423
Shelby Co.	35	800	835
TOTAL	80	2,035	2,115
Jefferson Co.	0	1,580	1,580
TOTAL	0	1,580	1,580
PHA IV			
Calhoun Co.	88	1,875	1,963
Piedmont City	28	732	760
Chambers Co.	15	354	369
Clay Co.	73	1,634	1,707
Coosa Co.	44	1,285	1,329
DeKalb Co.	6	700	706
Etowah Co.	16	566	582
Randolph Co.	2	100	102
Talladega Co.	74	4,635	4,709
Tallapoosa Co.	16	358	374
TOTAL	362	12,239	12,601
PHA V			
Autauga Co.	40	1,041	1,081
Barbour Co.	65	1,165	1,230

School System	Teachers	Children	Total
PHA V (continued)			
Bullock Co.	46	1,520	1,566
Butler Co.	81	1,653	1,734
Coffee Co.	39	866	905
Ozark Christian School	6	125	131
Covington Co.	31	970	1,001
Andalusia City	56	1,450	1,506
Florala City	11	280	291
Opp City	39	1,098	1,137
Crenshaw Co.	30	667	697
Dale Co.	67	1,867	1,934
Geneva City (Geneva Co.)	24	578	602
Henry Co.	42	700	742
Lee Co.	38	641	679
Lowndes Co.	36	1,620	1,656
Lowndes Academy	6	210	216
Macon Co.	8	200	208
Pike Co.	2	280	282
Russell Co.	30	1,180	1,210
Hurtsboro School Foundation	3	35	38
St. Joseph's Catholic School	7	100	107
TOTAL	707	18,246	18,953
PHA VI			
Baldwin Co.	70	1,400	1,470
St. Patrick's Catholic School	10	200	210
Choctaw Co.	18	1,102	1,120
Thomasville City (Clarke Co.)	35	815	850
Conecuh Co.	18	729	747
Dallas Co.	69	2,575	2,644
Brewton City (Escambia Co.)	16	569	585
Monroe Co.	32	1,600	1,632
Perry Co.	39	1,109	1,148
Marion City	25	470	495
Berean Head Start	10	95	105
Washington Co.	68	1,936	2,004
TOTAL	410	12,600	13,010
Mobile Co.	591	16,409	17,000
TOTAL	591	16,409	17,000
GRAND TOTAL	2,676	89,569	92,245

Head Start Program—During the past year the Bureau of Dental Health presented dental health education workshops to 18 Head Start programs.

A total of 201 teachers and teachers' aides were taught the latest concepts in the causes and control of dental disease as related to the Head Start student.

Teaching aids and suggestions on how the teachers could most appropriately integrate dental health in the classroom were demonstrated and discussed.

Educational booklets and kits containing a toothbrush, dental floss and a parental brochure were provided for some 4,066 children. The teachers are required by Head Start guidelines to mention good oral hygiene in the classroom on a daily basis; and they must also have the children brush after lunch each day.

The bureau was also involved in doing comprehensive evaluations of 11 Head Start programs. These evaluations are done to assure that program performance standards and guidelines are being met. This involves evaluating dental treatment, dental education, and the completeness of dental records on every Head Start child.

If discrepancies in any of the areas are found, the consultant from the Bureau of Dental Health will discuss the problem and make suggestions on how the out-of-compliance areas can be corrected. The consultant will then follow up on bringing the program into compliance, which subsequently saves money for the program and aids in assuring quality treatment of Head Start children.

Nursing Home Program—An annual dental health in-service program is now a requirement for every extended care facility in the state. This guideline is required and evaluated by the Bureau of Licensure and Certification.

The Bureau of Dental Health also has presented a dental health education program for staff members of Licensure and Certification.

The program format was developed in an effort to acquaint those staff members who are responsible for evaluating care and performance in extended care facilities with the unique dental health problems of the critically ill and elderly population.

If a facility is found to be out of compliance with regard to dental health regulations, it is usually suggested that the facility administrator or director of nursing contact the Bureau of Dental Health for an in-service training program.

With the detection of cancerous oral lesions being a high priority, the Bureau of Dental Health has updated audiovisual aids and has demonstrated to nurses and aides the procedures to follow when doing a soft tissue examination. The bureau recommends that each facility perform a soft tissue exam on residents every six months.

To follow up on requests for training, 15 facilities received the program, with 435 staff members and 1,345 patients directly benefiting.

The educational format was developed in an effort to provide the most useful and practical methods of providing quality oral hygiene and good dental health programs for all elderly Alabamians.

Program in the Work Place—A dental health education program designed for the work place setting is currently being discussed for implementation for employees at Russell Mills in Alexander City.

The program format will begin with a dental in-service workshop for personnel in the medical clinic at Russell Mills, administrative and corporate personnel. After this training session has been completed, employee screenings complete with patient education will begin.

After much research and study, it has been found that many employee work days are lost due to dental problems. If employees can be educated in the preventive dental health measures they should practice, many serious dental problems could be avoided, subsequently saving millions of dollars for both industry and the employee.

TABLE 5-5
DENTAL HEALTH EDUCATION PROGRAM
HEAD START
ACTIVITY BY PUBLIC HEALTH AREAS
1985

Area	Program	Children
Public Health Area I	Cullman Co.	360
	Madison Co.	388
	Morgan-Lawrence	280
	Winston Co.	50
Public Health Area II	Berean Baptist	95
	Greene Co.	236
	Tuscaloosa Co.	101
	Bibb Co.	100
Public Health Area III	St. Clair Co.	40
	Walker Co.	50
Public Health Area IV	Chambers-Tallapoosa	670
	Talladega Co.	34
	Clay Co.	33
	Randolph Co.	33
Public Health Area V	Dothan City	200
	Lowndes Co.	240
	Macon Co.	400
	Barbour Co.	40
	SEARDC	140
	Wilcox Co.	120
Public Health Area VI	Baldwin-Escambia	256
	Dallas Co.-Selma	200

Toothbrushing Study—The year 1985 brought the conclusion of a dental survey initiated for the comparison of two types of toothbrushes and the collection of oral health data among Alabama school children. Five hundred Baldwin County seventh and eighth grade students participated in a slide orientation to the study.

Three hundred one students returned with parental consent for the clinical dental examination. Specially designed dental charts recorded the number of decayed, missing and filled teeth; fluorosis status; resident history and general oral health of each student. Each participant was given a toothbrush and was instructed to use it until the next examination period.

The second examination included 268 students. At this time they were questioned on the use of the toothbrush and their oral health status was re-evaluated.

Results of this study are not yet available as this bureau is awaiting statistical analysis of the study from a source independent of the department.

Nursing Bottle Caries Study—At the request of a health department nutritionist this bureau embarked on a study to determine the prevalence of nursing bottle mouth caries in Alabama. Staff dentists from the bureaus of Dental Health and Primary Prevention worked cooperatively on this project.

The local health departments in Chilton and Montgomery counties were the sites selected. The target population was children 1 through 5 years of age.

Nutritionists from Family Health Administration and consultants of the Bureau of Dental Health designed a diet history for dental health questionnaire. Fiberoptic lights were used to aid in the determination of the children's decayed, exfoliated and filled teeth status.

One hundred seventy-five children were examined in Chilton County and an additional 101 received examinations in Montgomery. A brief resident history was obtained from the parents in order to establish the exposure to water fluoridation. Brochures describing nursing bottle mouth, its cause and prevention were given and explained to the parents. When necessary, nutritional counseling in relation to the teeth was also provided.

Tabulations of the data obtained are being processed by computer. An evaluation of the program is not yet available.

Material Distribution—The Bureau of Dental Health's distribution policy relies on the belief that providing materials without some form of instruction is inadequate and fails to significantly increase dental knowledge in Alabama. The majority of the bureau's educational materials are, therefore, distributed through the Alabama Smile Keeper (ASK) Dental Health Education Program. Educational booklets, teacher guides, transparencies, posters, films, various pamphlets and brochures are among the items distributed in order to form a comprehensive program.

Table 5-6 represents the grade level and quantity of the education booklets distributed through the ASK Program during 1985.

The bureau responded to 297 requests for dental information, distributing approximately 4,000 pieces of educational literature. Information on smokeless tobacco and its relation to oral health dominated the requests this year. Media exposure is attributed to the increasing interest in the effects of smokeless tobacco.

A brochure, developed by this bureau several years ago, addressing the problem of nursing bottle tooth decay

TABLE 5-6
ASK MATERIALS DISTRIBUTED
FISCAL YEAR 1985

Grade Level	No. of Booklets
Kindergarten	4,614
First Grade	4,185
Second Grade	4,263
Third Grade	4,915
Fourth Grade	2,982
Fifth Grade	8,080
Sixth Grade	2,723
TOTAL	31,762

appears to be receiving national attention. Other states are using it as a role model for the development of a similar brochure and others are having it reproduced in its entirety. Proper credit is being given to the Alabama Bureau of Dental Health and the Alabama Dental Auxiliary, the developers of this publication.

Smokeless Tobacco—Although still very much in the planning stages, a program designed to educate the public on the dangers of smokeless tobacco has been initiated. The bureau is actively seeking the support and assistance of the American Cancer Society and the American Lung Association. Both agencies have expressed an interest in the bureau's efforts in this area.

A bureau staff member was allowed to observe a junior high school smokeless tobacco survey conducted by the Centers for Disease Control in a Mobile County school. This provided additional insight regarding the prevalence of the problem in Alabama.

A fact sheet on smokeless tobacco was produced by this bureau to be used as an insert for the bureau's Alabama Smile Keeper Teacher's Manual. If funding permits, a brochure that will be competitive if not superior to those offered by other states on the subject of smokeless tobacco will be developed.

Sealant Program—Sealants may become one of the greatest breakthroughs in preventive dentistry. In the past, dentistry has dealt primarily with treating a tooth after it has decayed. The treatment in restoring this problem usually entailed drilling away tooth structure that is irreplaceable. The cavity is then filled with a restorative material that is sometimes costly and unattractive. This was the fifth consecutive year the Bureau of Dental Health was actively involved in the use of pit and fissure sealants.

In January 1985, the Board of Dental Examiners approved the placement of sealants by dental hygienists, under the direct supervision of a dentist. This will prove to be a milestone in the ongoing battle against dental decay.

Wilcox County participated in a pilot study, involving working in a rural health clinic. The children in grades 2, 3 and 7 were included in this program. Approximately 60 students received dental services in the Pine Apple area.

The Crippled Children's Clinic was the site for another pilot program. The program was offered to the children who might not otherwise receive any sort of dental care. These children were screened through the different clinics (hearing, sight and motor impaired). Twenty-five children ultimately received dental services from this bureau.

Division of Dental Services

The Bureau of Dental Health provided dental care at the Drake Elementary School clinic in Auburn in 1985. The mobile unit provided dental care to schools in Monroe, Conecuh, Coosa and Butler counties.

The Poarch band of Creek Indians was provided dental care during June, July and August 1985.

The Mobile Dental Health Unit started the year 1985 at Beatrice Elementary School in Monroe County. Dental service was provided to indigent children during January and February, with 229 clinical visits and 86 children completed.

The mobile unit moved to Evergreen in Conecuh County and provided dental care during March, April and May. The totals for this program were 302 visits with 104 completions. This was the first time Conecuh County had ever received dental care from the Bureau of Dental Health.

During the summer of 1985 the mobile unit started dental treatment in June for the Poarch band of Creek Indians in Escambia County. The program continued through July and August. The three months' totals for this program came to 405 visits with 195 completions. The bureau's hygienists provided 162 prophylaxes in the mobile unit while located in Poarch.

With the reopening of school in September 1985 the mobile unit moved to Kellyton Elementary School in Coosa County. The unit provided dental care during September and October. The totals there were 251 visits with 98 completions.

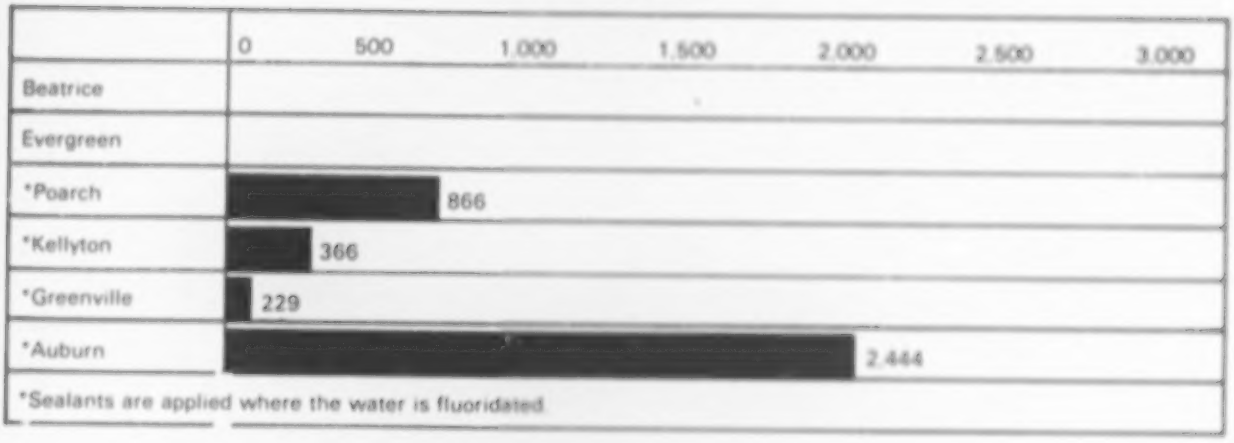
To close out the year, Greenville in Butler County served as the site for November and December. Total visits were 214 with 78 completions.

The mobile unit dental clinician provided dental care at Drake Elementary School in Auburn on Mondays and Tuesdays during the school year. The nine months' total was 622 visits with 599 completions. The high point of this program was the 2,444 teeth that were sealed.

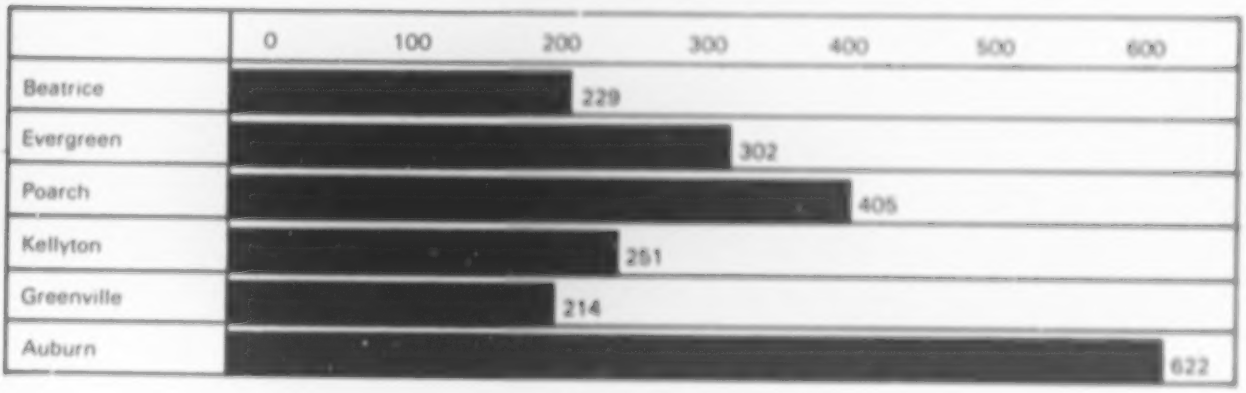
Graph 5-2 indicates the number of teeth which were sealed in the mobile unit during 1985, while Graph 5-3 shows the number of dental visits made in the various locations. Graph 5-4 indicates how many patients' treatments were completed in the six locations of the mobile unit.

Table 5-7 lists the extent of direct dental services provided by the mobile unit.

GRAPH 9-2
TEETH SEALED, MOBILE UNIT
1985



GRAPH 9-3
DENTAL VISITS TO MOBILE UNIT
1985



GRAPH 9-4
PATIENTS COMPLETED, MOBILE UNIT
1985

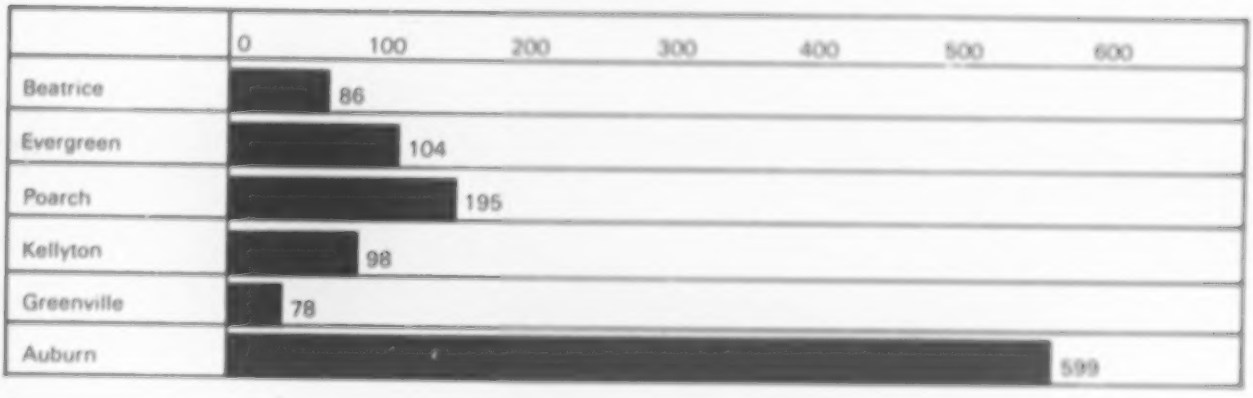


TABLE S-7
DENTAL SERVICES
DENTAL HEALTH MOBILE UNIT
1985

Total Visits	2,023
Examinations	1,479
X-rays	314
Prophylaxis	144
Patient Education	1,280
Sealants	3,905
Amalgam Surfaces	1,188
Composite Surfaces	158
Perio Treatment	48
Bases	1,147
Extractions	122
Completions	1,160

Environmental and Facility
Standards Administration

ENVIRONMENTAL AND FACILITY STANDARDS ADMINISTRATION

Hearing Aid Dealer Licensure—The legal basis for licensing hearing aid dealers and fitters was established with Title 34, Chapter 14, 1975 Code of Alabama. Persons who select, fit and sell hearing aids must demonstrate that they are qualified before they can be licensed. Examinations for the purpose of licensure are held twice yearly during the months of January and July. A five year summary of hearing aid licensing activity is in Table 6-1.

TABLE 6-1
HEARING AID LICENSURE
1981-1985

Calendar Year	Regular License Issued or Renewed	Temporary Permits Issued or Renewed	Passed Examination	Failed Examination
1981	106	55	15	11
1982	111	44	11	9
1983	115	73	15	8
1984	109	74	22	10
1985	132	80	11	14

The hearing aid dealers licensure law provides for the establishment of a Board of Hearing Aid Dealers. Members of the board are appointed by the governor from a list of qualified persons nominated by the Alabama Hearing Aid Dealers Association, Incorporated. The board consists of five hearing aid dealers, one otolaryngologist and one audiologist. Members must be residents of the state of Alabama, have no less than three years of experience and hold a valid license as a hearing aid dealer as provided under the act.

BUREAU OF GENERAL SANITATION

Division of Waste Disposal

During 1985 the Division of Waste Disposal strived to improve its responsibilities for on-site sewage disposal systems by increasing training to environmentalists and by evaluating local general sanitation programs. The division performs its on-site sewage disposal programs through cooperation with local health departments which enforce the State Board of Health rules. The division's activities overlap those of the Alabama Department of Environmental Management in the areas of subsurface sewage disposal and potable water supply, so the division maintains a close working relationship with the Department of Environmental Management.

With approximately 47 percent of the housing units in the state utilizing on-site sewage treatment and disposal methods, over 23,000 inspections of such sewage treatment and disposal systems were performed during the year. The number of on-site sewage disposal system inspections can be expected to increase due to improved economic conditions and the reduction in federal funds for the expansion of municipal sewerage systems. Realizing this challenge the division began a program of training for local environmentalists in 1985.

Division personnel provided training for six new environmentalists at the Basic Environmentalist Training Course held in Montgomery. During the division's five day course of instruction the environmentalists become familiar with all on-site sewage system rules, the basic principles of septic tank systems design, and the fundamentals of inspecting a septic tank and subsurface disposal system. Field training was provided on soil testing including percolation test and soil borings, and the actual inspection of septic tank systems.

A three-day Alternative On-site Sewage Disposal Systems Workshop was conducted in Birmingham by the

division's staff. Sixty environmentalists from all areas of the state attended the course. The purpose of the course was to define alternative systems and to identify when alternative systems may be used. Two important elements in on-site sewage disposal systems are site evaluation and alternative systems design. The U.S. Soil Conservation Service provided training on soil evaluation and identification of soil properties. A private consulting engineer provided a detailed analysis on system design for low pressure distribution systems.

The division's staff conducted three two-day workshops on the inspection and approval of on-site septic tank systems. The workshops were designed for small group participation to provide individual attention to each of the 29 environmentalists attending. The workshops consisted of review of the On-site Sewage Disposal rules, review of contents of San-3 applications to install individual septic tank systems, the conducting of soil percolation tests and soil borings, and the field inspection of a septic tank system. Actual hands-on use of the engineers' level was provided to each environmentalist along with the actual calculation for elevations on the on-site sewage disposal system.

A division representative also presented a course of instruction on the identification and evaluation of on-site sewage disposal systems' failure to five chapter meetings of the Alabama Environmental Health Association. Suggested methods and procedures for identifying the cause of on-site failures were presented to the 120 attendees along with a suggested evaluation pamphlet.

Subdivision Program—A total of 17 county health departments have been granted subdivision primary enforcement responsibilities under Chapter 420-3-3 rules, "Delegation of Subdivision Primary Enforcement Responsibilities." The local health departments with primary enforcement responsibilities are the West Alabama District (Tuscaloosa, Bibb, Lamar, Pickens and Greene counties); Shelby County in Public Health Area III; and Public Health Area IV (Coosa, Tallapoosa, Chambers, Randolph, Clay, Talladega, Cleburne, Calhoun, Etowah, Cherokee and DeKalb counties).

Three hundred thirty-one preliminary and 345 final subdivision submittals were approved in 1985 for a total of 676 reviews. Three hundred forty subdivisions were submitted through the division for review and approval. Graph 6-1 shows the subdivision approval trends since 1958 while Table 6-2 gives 1985 subdivision approvals by public health areas and counties.

GRAPH 6-1
SUBDIVISION APPROVALS
1958-1985

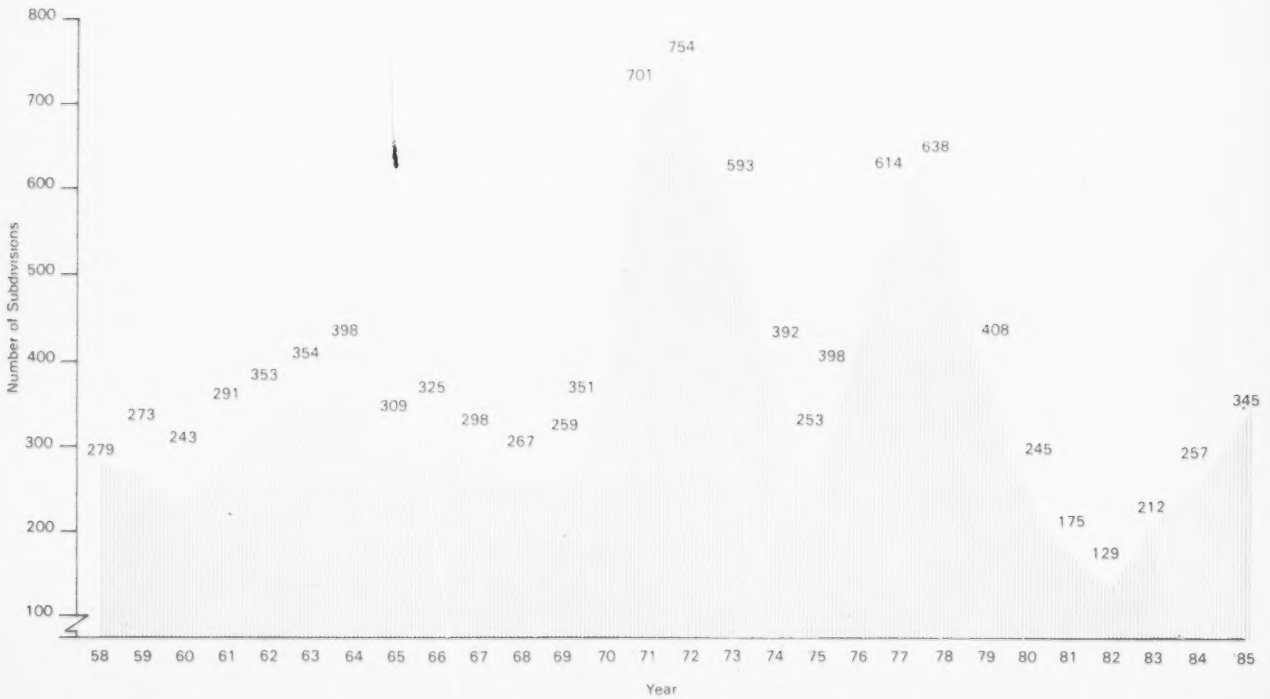


TABLE 6-2
APPROVED SUBDIVISION PLANS
1985

County	Preliminary	Final
PHA I		
Colbert	4	3
Cullman	3	2
Franklin	2	2
Jackson	1	1
Lauderdale	7	2
Lawrence	0	0
Limestone	12	11
Madison	36	23
Marion	0	0
Marshall	6	3
Morgan	5	2
Winston	6	0
TOTAL	82	49
PHA II		
Bibb	1	1
Fayette	1	1
Greene	0	0
Hale	0	0
Lamar	2	3
Pickens	0	0
Tuscaloosa	11	31
TOTAL	15	36
PHA III		
Blount	1	1
Chilton	1	1
Jefferson	10	20
St. Clair	0	0
Shelby	40	29
Walker	8	9
TOTAL	60	60
PHA IV		
Calhoun	31	31
Chambers	0	0
Cherokee	4	6
Clay	0	1
Cleburne	0	1
Coosa	0	1
DeKalb	4	7
Etowah	9	9
Randolph	2	10
Talladega	8	8
Tallapoosa	3	6
TOTAL	61	80

County	Preliminary	Final
PHA V		
Autauga	2	7
Barbour	3	3
Bullock	0	1
Butler	1	0
Coffee	3	6
Covington	4	3
Crenshaw	1	1
Dale	14	15
Elmore	4	4
Geneva	1	0
Henry	1	2
Houston	0	0
Lee	12	8
Lowndes	0	1
Macon	0	0
Montgomery	0	0
Pike	3	2
Russell	1	4
TOTAL	50	57
PHA VI		
Baldwin	19	19
Choctaw	0	0
Clarke	0	0
Conecuh	0	0
Dallas	1	2
Escambia	4	5
Marengo	0	1
Mobile	36	31
Monroe	1	1
Perry	0	0
Sumter	2	2
Washington	0	0
Wilcox	0	2
TOTAL	63	63
GRAND TOTAL	331	345

The division evaluated the West Alabama District, Shelby County and Public Health Area IV subdivision programs in 1985. The evaluations have shown that these local health departments are doing good jobs in subdivision review and approval. This has demonstrated that with proper training and supervision of program personnel the local health departments can develop effective and efficient subdivision programs. The local subdivision programs are

checked for compliance with the subdivision rules including completeness of subdivision report forms and plats, complaints, legal enforcement activities and on-site evaluation of approved subdivisions.

Septic Tank Manufacturers—In accordance with the On-site Sewage Disposal System rules the division in cooperation with local health departments performed joint inspections of septic tank manufacturers. Statewide 67 manufacturers are approved for construction of various size precast septic tanks. Table 6-3 lists the numbers of manufacturers and approved manufacturers by public health area.

TABLE 6-3
APPROVED SEPTIC TANK MANUFACTURERS
1985

Area	Number of Manufacturers	Number of Manufacturers Approved
PHA I	14	14
PHA II	0	0
PHA III	9	6*
PHA IV	14	14
PHA V	23	21
PHA VI	12	12
TOTAL	72	67

*Does not include Jefferson County

Sewage Tank Pumpers and Cleaners—During 1985 the division directed local health department attention to Rule 420-3-1-.09 which requires local health departments to issue permits to all persons engaged in sewage tank pumping on an annual basis. The division assisted local environmentalists by answering questions pertaining to the rules and by developing and providing an Annual Sewage Tank Pumper Permit Application form and a Sewage Tank Pumper Permit. Table 6-4 lists the permitted sewage tank pumpers and cleaners by public health area.

TABLE 6-4
PERMITTED SEWAGE TANK
PUMPERS AND CLEANERS
1985

Area	Number of Pumpers & Cleaners	Number of Pumpers & Cleaners Permitted
PHA I	35	13
PHA II	13	13
PHA III	32	20*
PHA IV	30	5
PHA V	73	63
PHA VI	23	19
TOTAL	206	133

*Does not include Jefferson County

School Sanitation Program—The year 1985 showed a dramatic increase in the number of public school projects which require review by the division. Final plans for 95 school projects were approved in 1985 compared to 68 projects in 1984. The division performs joint plan reviews and inspections with local health departments to evaluate the adequate functioning of existing on-site sewage disposal systems and the design of new on-site sewage disposal systems. The division cooperates with the Bureau of Inspection and the Department of Environmental Management in securing approvals for projects coming under their jurisdiction.

Plans for five new schools were approved in 1985. Nine schools were connected to municipal sewers, existing sewage treatment plants, or new sewage treatment plants to correct existing on-site sewage disposal system failures. Three school projects were approved for new on-site sewage disposal systems while nine projects were approved to connect to existing or upgraded on-site sewage disposal systems.

The division's school sanitation program reviewed 250 sets of plans in 1985 compared to 225 sets in 1984. These included 31 schematic, 56 preliminary, and 163 sets of final and revised final plans for schools and other public building projects. Table 6-5 lists the number of school projects for which final approval was given by public health area and county.

TABLE 6-5
SCHOOL PROJECTS
1985

County	Approved
PHA I	
Colbert	2
Cullman	2
Franklin	0
Jackson	0
Lauderdale	5
Lawrence	0
Limestone	0
Madison	7
Marion	2
Marshall	0
Morgan	2
Winston	0
TOTAL	20
PHA II	
Bibb	0
Fayette	2
Greene	1
Hale	0
Lamar	2
Pickens	4
Tuscaloosa	1
TOTAL	10
PHA III	
Blount	1
Chilton	3
Jefferson	4
St. Clair	1
Shelby	10
Walker	2
TOTAL	21

County	Approved
PHA IV	
Calhoun	2
Chambers	0
Cherokee	0
Clay	0
Cleburne	0
Coosa	1
DeKalb	0
Etowah	5
Randolph	0
Talladega	2
Tallapoosa	0
TOTAL	10
PHA V	
Autauga	6
Barbour	0
Bullock	0
Butler	0
Coffee	1
Covington	0
Crenshaw	0
Dale	0
Elmore	0
Geneva	0
Henry	0
Houston	0
Lee	3
Lowndes	0
Macon	0
Montgomery	13
Pike	0
Russell	0
TOTAL	23
PHA VI	
Baldwin	2
Choctaw	0
Clarke	0
Conecuh	1
Dallas	0
Escambia	2
Marengo	0
Mobile	5
Monroe	0
Perry	1
Sumter	0
Washington	0
Wilcox	0
TOTAL	11
GRAND TOTAL	95

Other Projects—Seventeen additional approvals were issued which included six new armories, two prison facilities, one work release facility and eight miscellaneous projects—such as offices and activity centers. Fifty-nine sets of plans were carried over to 1986. Forty-five of these were school and public building projects being held for additional information. Fourteen sets of plans were received late in December and were held pending review.

School Surveys—The last statewide school survey was performed by the division's staff in 1974 and showed 289 schools with failing on-site sewage disposal systems. This has been significantly decreased to 19 schools with known failing on-site sewage disposal systems in 1984; however, 100 school sites have been identified with questionable on-site sewage disposal systems. An updated statewide public school survey is needed to adequately identify schools with failing on-site sewage disposal systems. Due to staffing and budget restraints a statewide school survey is not planned but will be handled on a case by case basis as projects are prepared and submitted for review and approval. Table 6-6 lists the number of public schools with on-site sewage disposal systems by public health area.

TABLE 6-6
PUBLIC SCHOOLS WITH
ON-SITE SEWAGE DISPOSAL SYSTEMS
1985

Area	Number of Schools with On-site Sewage Disposal Systems	Number of Schools with Acceptable On-site Sewage Disposal Systems
PHA I	68	68
PHA II	18	17
PHA III	57	53
PHA IV	62	60
PHA V	66	62
PHA VI	66	58
TOTAL	337	318

*Does not include Jefferson County

Division of Vector Control

During 1985 the Division of Vector Control continued to broaden the surveillance programs for vector-borne diseases. Several public health area programs were actively involved in providing vector-borne disease surveillance. The most notable was Public Health Area II with all counties participating.

The program for the fifth Annual Public Health Pest Conference attracted approximately 150 participants from throughout Alabama and one from a neighboring state.

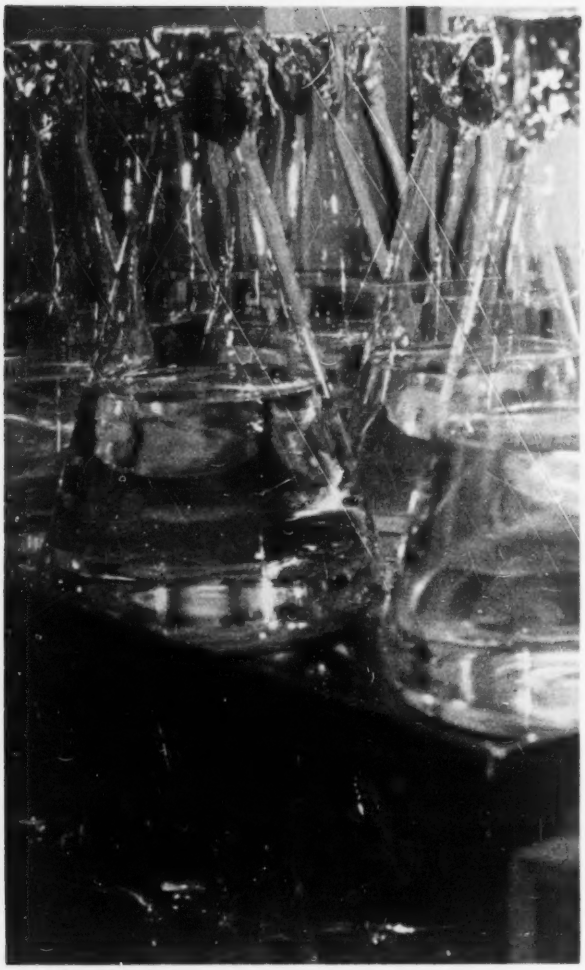
Since the division must work closely with the public, it takes any opportunity provided it to participate in conferences and other activities that keep the citizens informed. During the fall division personnel made a presentation in Bowling Green, Kentucky, at the National Blackbird Strategy Conference sponsored by the U.S. Fish and Wildlife Service with some 80 participants from southern and eastern states attending. The division also authored an article published in *Alabama's Health* on tick problems and solutions that sparked interest throughout the state.

The capability of providing training to others in the vector control effort is one area of the program that received attention in 1985. Training of county environmentalists in the methods utilized for collection and processing of bird serum to detect the presence of encephalitis occurred during the summer months not only in the Basic Environmentalist Training Course but in the public health areas as well when the occasion permitted. Children at a Chilton County elementary school were taught the value of good vector control methods when the division personnel made a presentation to them during a science learning session.

The possible spread of histoplasmosis through air-borne spores originating from well-established bird roosts is a threat to many of the populated areas of the state. To assist governments in the affected areas to rid the location of roosting birds through time persistent harassment, the division provided equipment and pyrotechniques to the cities of Huntsville, Muscle Shoals, Brundidge, Prattville and Montgomery on 12 occasions. A wetting agent called PA-14 that washes oil from bird feathers was successfully applied to a bird roost in Scottsboro by the U.S. Fish and Wildlife Service in the winter of 1985.

The number of flies present around agribusiness communities usually increases during the summer months and 1985 was no exception. Personnel of the division provided expertise to local officials in Tallapoosa, Jackson, Madison, Marshall, Crenshaw and Morgan counties in dealing with localized fly problems. On May 8 Cryomaxine (Larva-dex) was registered through the Environmental Protection Agency thus lifting a two-year ban on its use. Through a combined effort with the Alabama Cooperative Extension Service, division personnel assisted in a study of the resistance to Permethorin (Ectiban) in a fly population in Marshall County. The results of the study indicated that the fly population had developed a 48 fold resistance to this product. Based on this data it is feared that this product no longer has the effectiveness it once had in fly control.

The division responded to bat complaints in Shelby, Barbour, Chilton, Etowah, Geneva and Covington counties. The resolution of bat problems usually benefits the property owner in two ways. Not only does the owner get rid of the bats but the application of proper sealing methods after the bats leave the roost site in late fall also provides savings in heating and cooling bills.



Two rodent control problems were dealt with during the year. The division worked closely with the Madison County Health Department in reducing an urban rodent problem near University Boulevard in Huntsville. Personnel from the division also assisted the Autauga County Health Department in the removal of rodent harborage in a Prattville neighborhood where a 200 square yard area was being affected.

Division personnel completed mosquito surveys and provided other assistance for Blount, Etowah, Cullman, Elmore and Marshall counties during the year. Mosquito surveillance was maintained on the major impoundments and the annual avian arbovirus surveillance study was completed.

Avian Arbovirus Surveillance—In May 1985 the Division of Vector Control started its activities for the 1985 arbovirus surveillance network. The first priority was to determine the amount of funding to be made available for the study. A total of $7,599 was provided for the study. A Professional/Technical Services Agreement between the Environmental and Facility Standards Administration and the Clinical Laboratory Administration was approved for the period from June 1, 1985, until September 30, 1985. A cost of $11 per sample was agreed upon and the division agreed to supply the laboratory a minimum of 40 samples per week. The Clinical Laboratory supplies all necessary materials such as needles, syringes, sample bottles and diluent as part of the agreement.

All significantly populated areas of the state, especially those situated adjacent to major river systems, were included in the study to the extent that funding and manpower would allow. Table 6-7 shows those counties included in the study. Several of the counties shown on the list in Table 6-7 were samples during 1984. The remaining counties were selected based upon the number of encephalitis cases reported within the past five years.

TABLE 6-7
SAMPLE COLLECTION SITES
1985

County	Site
Baldwin	Foley Dairy, Foley
Barbour	Reeves Peanut Co., Eufaula
Blount	Goldkist, Oneonta
	Whitley Grain, Snead
Calhoun	Spring Valley Feed, Oxford
Coffee	Southland Feed, Enterprise
	Con Agra, Enterprise
Cullman	Golden Rod Feed, Cullman
Dallas	Highway 41 Landfill, Selma
	Lapyrouse Feed, Selma
DeKalb	Alabama Farmers Co-op, Rainsville
Etowah	Agri-Cola Shopping Center, Gadsden
	Gadsden Park, Gadsden
Geneva	Black, Alabama
Houston	Donco, Dothan
Jefferson	Cosby Hodges, Birmingham
	Quarry, North Birmingham
Lamar	Vernon City Hall, Vernon
Lauderdale	Alabama Farmers Co-op, Florence
Lawrence	Lawrence County Exchange, Moulton
Macon	Smith Experiment Station, Shorter
Madison	C. T. Garvin Feed Mill, Huntsville
	Pump Road, Huntsville
Marengo	Cargil, Demopolis
	Big Bee Farm Co-op, Demopolis
Marshall	Great Combine, Guntersville
Monroe	Frisco City Co-op, Frisco City
Montgomery	Montgomery County Exchange, Montgomery
Pickens	Peco Feed, Gordo
Shelby	Hinds Dairy, Pelham
Tuscaloosa	Tuscaloosa Riding Club, Tuscaloosa
Walker	Gold Kist, Jasper

The plan called for the division to collect 20 samples in each county in each of three phases. Phase I would occur from June 4 through July 11, Phase II from July 15 through August 27, and Phase III would involve immediate investigation where sero-reactors were found. Samples in Jefferson County, Public Health Area II and Mobile County were collected by personnel within those areas. Costs for lab processing of all samples collected in both Jefferson County and Public Health Area II were covered by the division. Mobile County, which has its own laboratory and processed its own samples, was not included in Table 6-7 because the area is routinely sampled each year by the local health department. Sample results from Mobile County were made available to the division for the study.

Only juvenile sparrows were used for the collection of blood serum. By capturing only juvenile birds any blood samples showing elevated titers for any of the encephalitides could be related to possible current outbreaks of the disease.

The Clinical Laboratory performed the Hemaglutination Inhibition (HI) test on each sample to determine the presence of three encephalitides (Highland J, Eastern Equine, St. Louis). Six hundred seventy-six samples were analyzed. Of these samples, only one showed any reactivity. The sample was collected on June 14, 1985, at Vernon, Alabama, in Lamar County and showed a 1:40 titer or a two-fold increase. A subsequent sampling effort at the same location in August netted six birds with no reactivity noted.

Table 6-8 lists the different types of birds sampled during the survey.

TABLE 6-8
AVIAN SERO SAMPLES
1985

No. Birds Sampled	Type of Bird	Scientific Name	Percent of Sample
668	House Sparrow	*Passer domesticus*	99.0
5	Mockingbird	*Mimus polyglottos*	0.7
1	Robin	*Turdus migratorius*	0.1
1	Starling	*Sturnis vulgaris*	0.1
1	Cuckoo	*Coceyzus americanus*	0.1

The 1985 arbovirus study did not show amplification of any of the three encephalitides under consideration in the blood samples collected. The 1985 study was conducted essentially the same as that made during 1984 except in the earlier study many adult birds were sampled and the reactivity noted usually was associated with the older birds. The later study involved juvenile birds only so that any reactivity noted would relate solely to the year of the study. The 1984 study also involved several other species of birds including pigeons, whereas the 1985 study was limited almost exclusively to house sparrows.

Division personnel obtained special permits from the Alabama Department of Conservation which authorized them to take and possess birds and bats for scientific purposes.

Indoor Air Quality Program—The primary responsibility of the Indoor Air Quality Program is the survey of public school buildings for asbestos contained in certain building materials. Following the completion of asbestos removal projects in the public school systems, the program personnel conduct a final clearance inspection and the bureau director notifies the Alabama Public School and College Authority of its findings. The program also provides consultation, limited sampling and identification services to those individuals or agencies complaining of health related problems with exposure to elevated levels of formaldehyde and other indoor air contaminants.

When the program took over the responsibilities for the certification of public schools from a private company in January of 1985 there were 32 school systems remaining to be certified as free of asbestos. By the end of December, all but nine systems representing 135 schools containing asbestos had been certified. Table 6-9 gives a listing of the 32 systems showing dates of clearance certification letters.

TABLE 6-9
LISTING OF 32 SYSTEMS TO BE COMPLETED FOR CERTIFICATION
1985

System	Jurisdiction	County	Date of Clearance Letter	No. Schools Containing Friable Asbestos
Alexander City	City	Tallapoosa	11-18-85	5
Andalusia	City	Covington	2-21-85	5
Anniston	City	Calhoun	7-18-85	9
Auburn	City	Lee		5
Daleville	City	Dale		2
Dothan	City	Houston	3-6-85	14
Gadsden	City	Etowah		13
Haleyville	City	Winston	5-28-85	4
Marion	City	Marion	3-8-85	1
Mountain Brook	City	Jefferson	3-29-85	4
Opelika	City	Lee		6
Opp	City	Covington		3
Phenix City	City	Russell		8
Selma	City	Dallas		11
Tallassee	City	Elmore	3-21-85	4
Tuscaloosa	City	Tuscaloosa	7-1-85	14
Vestavia Hills	City	Jefferson	11-18-85	4
Bullock	County		10-4-85	2
Butler	County		2-22-85	8
Choctaw	County			7
Cleburne	County		2-7-85	5
DeKalb	County		10-12-85	9
Elmore	County		12-10-85	7
Jefferson	County		3-29-85	73
Limestone	County		3-19-85	11
Macon	County		3-21-85	3
Mobile	County			80
Montgomery	County		9-10-85	24
Morgan	County		1-23-85	9
Perry	County		11-13-85	6
Russell	County		6-20-85	1
Shelby	County		3-29-85	17
TOTAL				374

Since asbestos removal contractors are having considerable trouble in maintaining liability insurance, those systems remaining to have asbestos removed will likely be slow in the completion of the removal process.

On January 11, 1985, the state health officer received a memorandum from the office of the Attorney General directing the State Health Department to survey its buildings for friable asbestos. A deadline of January 31, 1985, was given for the collected information to be submitted to the Attorney General for making claims in federal bankruptcy court in New York against the Johns-Manville Company for supplying asbestos materials that were used in public buildings. The asbestos program personnel began the survey on January 14 and completed it on January 22. The total estimated cost of removal was calculated to be $1,351,758.

In September program personnel requested permission to resurvey all those buildings inspected in the initial asbestos survey and found to contain materials that were suspected to be asbestos. In October the state health officer authorized the resurvey and the program personnel began the reinspections. The survey should be completed in February of 1986. By the end of December, over three quarters of the buildings had been visited. Unlike the first survey the resurvey was made at a more controlled pace and samples of suspect material were taken for later identification under the microscope.

In addition to making course presentations on asbestos to five new environmentalists during the Basic Environmentalist Training Course, program personnel also taught an asbestos training seminar for the business managers of junior colleges and trade schools in the Alabama Department of Post Secondary Education. During the seminar 40 people representing 15 junior colleges and trade schools were taught about the health hazards associated with asbestos removal and the techniques involved in the removal process. Guest speakers from two private companies, the Attorney General's Office and the State Building Commission assisted program personnel in the presentations. Further training seminars of this nature are planned.

Surveys and microscopic identification of samples of suspect materials collected during the surveys occupied most of the program's time during 1985. Personnel made 63 surveys for asbestos in county health departments; 275 asbestos surveys in public schools, offices, churches and homes; 15 surveys in homes with formaldehyde problems; and 146 analyses on samples taken of materials suspected of containing asbestos.

BUREAU OF INSPECTION

Division of Food

Retail Food Service—Food surveys and evaluations of county food service sanitation programs were conducted in six counties. Food surveys and evaluations were completed for 66 school systems in 40 counties. The average rating score for all schools surveyed was 83. Evaluation reports continued to show the need for accurate reporting of violations by food inspection personnel, with critical sanitation receiving priority enforcement actions.

Six food survey and evaluation officers within the division were recertified by the U.S. Food and Drug Administration in the standardized procedure for conducting food surveys and evaluations. These evaluation officers standardized 21 local environmentalists in the correct procedures for interpreting and reporting of violations in food establishments.

Evaluation officers conducted 30 food manager courses consisting of 12 hours of instruction in basic food sanitation principles. Assistance was also provided in training food inspection personnel in conducting the food manager training course at the local level.

Twenty-four food recalls were received from the Food and Drug Administration and each recall announcement was immediately forwarded to all local health departments. Improper labeling, short weight and off taste were some of the reasons for recalls.

A contract with the State Department of Education was negotiated to inspect summer feeding facilities throughout the state during the months of June, July and August. One thousand one hundred thirty-six inspections were made at the summer feeding sites for which local health departments received $34,050.

Twenty-two written interpretations of the food rules were issued from the Division of Food Sanitation. Copies of each interpretation were mailed to all food and evaluation officers and selected staff members in each public health area.

Numerous consultations and telephone calls concerning proper interpretation of the food rules were provided by division personnel to assist local and food program personnel in promoting food sanitation throughout the state.

Sixty-six thousand nine hundred forty-nine food establishment inspections were made by local health department personnel during the year. Legal notices were issued to 11,564 food establishment operators to correct major violations of food sanitaiton. These notices mandated the correction of critical items of sanitation within 10 days. Table 6-10 includes the number of food service establishment inspections and legal notices issued by public health area during 1985.

TABLE 6-10
INSPECTION AND LEGAL NOTICE ISSUANCE BY PUBLIC HEALTH AREAS CALENDAR YEAR 1985

	Food Establishment Inspections	Legal Notices Issued
PHA I	13,581	2,795
PHA II	5,149	471
PHA III	2,643	160
PHA IV	7,028	917
PHA V	13,086	2,679
PHA VI	6,552	921
Jefferson Co.	11,286	1,104
Mobile Co.	7,031	0

Food Processing—Food processing establishment inspections are conducted by the bureau under contract with the Food and Drug Administration. Other smaller, intercounty food processing establishments are also provided inspectional and sampling services under the same good manufacturing procedure requirements. These

establishments include carbonated beverage, bakery, seafood, potato chips, cotton seed oil, soybean oil, flour, cornmeal, fructose, dairy products, catfish, seasoning, slaw, jams and jellies, mayonnaise and other similar establishments.

Raw products used in the manufacturing process of these foods are produced both in the U.S. and several foreign countries. The establishments range in size from gross sales of less than $25,000 annually to over $50 million annually. Total gross sales from Alabama's food processors exceed $2 billion annually.

In 1985, 251 inspections were conducted at 210 establishments. Sixty-three food samples were collected and analyzed for adulteration by health department laboratories. Twenty consumer complaints were investigated relative to these establishments' products.

The food processing inspection program provides:

1. Protection of the consumer from unsafe/unsanitary foods due to rodent defilement, insect infestation, chemical and other contaminations.
2. Authority for the food processors to buy and sell goods locally, and in intercounty and interstate commerce.
3. Encouragement for the food processors to maintain acceptable sanitary standards and information about current trends/developments in good manufacturing practices.
4. Information/assistance to small operators who intend to engage in the food processing industry.

Frozen Dessert—In 1985, there were 1,780 retail frozen dessert establishments in the state. A total of 9,974 samples were collected by health department environmentalists and analyzed by the Clinical Laboratory Administration during the year. The average percent compliance with bacterial standards was 70.64. Two instructional courses on proper cleaning and operation of retail frozen dessert freezers were conducted by the Bureau of Inspection personnel.

Data in this report is for the period January through December 1985. Compliance levels by public health areas are reflected in Table 6-11.

TABLE 6-11
RETAIL FROZEN DESSERT COMPLIANCE
1985

	Total Samples	Samples High	Percent in Violation	Percent Compliance	Area Compliance Percent 1983	1984	1985
PHA I					78.4	78.0	88.3
Colbert	10	3	30.0	70.0			
Cullman	23	8	34.7	65.2			
Franklin	6	1	16.6	83.3			
Jackson	153	23	15.0	84.9			
Lauderdale	9	1	11.1	88.8			
Lawrence	9	1	11.1	88.8			
Limestone	23	5	21.7	78.2			
Madison	18	3	16.6	83.3			
Marion	73	10	13.6	86.3			
Marshall	200	40	20.0	80.0			
Morgan	31	12	38.7	61.2			
Winston	61	14	22.9	77.0			
PHA II					74.1	76.0	73.6
Bibb							
Fayette	36	6	16.6	83.3			
Greene							
Hale	15	4	26.6	73.3			
Lamar							
Pickens							
Tuscaloosa	636	171	26.8	73.1			
PHA III					74.6	72.0	70.0
Blount	66	12	18.1	81.8			
Chilton	66	31	46.9	53.0			
Jefferson	1,978	574	29.0	70.9			
St. Clair	79	31	39.2	60.7			
Shelby	213	73	34.2	65.7			
Walker	148	42	28.3	71.6			
PHA IV					71.5	71.0	74.9
Calhoun	413	102	24.6	75.3			
Chambers	110	36	32.7	67.2			
Cherokee	52	17	32.6	67.3			
Clay	17	3	17.6	82.3			
Cleburne	46	6	13.0	86.9			
Coosa	2	0	0.0	100.0			
DeKalb	133	31	23.3	76.6			
Etowah	264	65	24.6	75.3			
Randolph	35	12	34.2	65.7			
Talladega	18	2	11.1	88.8			
Tallapoosa	82	20	24.3	75.6			

TABLE 6-11 (continued)
RETAIL FROZEN DESSERT COMPLIANCE
1985

	Total Samples	Samples High	Percent in Violation	Percent Compliance	Area Percent Compliance		
					1983	1984	1985
PHA V					73.2	72.0	69.6
Autauga	78	20	25.6	74.3			
Barbour	69	35	50.7	49.2			
Bullock	31	7	22.5	77.4			
Butler	65	34	52.3	47.6			
Coffee	89	27	30.3	69.6			
Covington	132	51	38.6	61.3			
Crenshaw	20	9	45.0	55.0			
Dale	132	49	37.1	62.8			
Elmore	75	19	25.3	74.6			
Geneva	39	11	28.2	71.7			
Henry	36	14	38.8	61.1			
Houston	494	119	24.0	75.9			
Lee	354	103	29.0	70.9			
Lowndes	9	5	55.5	44.4			
Macon	50	14	28.0	72.0			
Montgomery	883	229	25.9	74.0			
Pike	104	40	38.4	61.5			
Russell	113	57	50.4	49.5			
PHA VI					60.6	63.4	66.4
Baldwin	188	91	48.4	51.5			
Choctaw	17	9	52.9	47.0			
Clarke	86	10	11.6	88.3			
Conecuh	37	5	13.5	86.4			
Dallas	111	25	22.5	77.4			
Escambia	116	48	41.3	58.6			
Marengo	51	13	25.4	74.5			
Mobile	1,376	456	33.1	66.8			
Monroe	20	5	25.0	75.0			
Perry	33	13	39.3	60.6			
Sumter	25	10	40.0	60.0			
Washington	50	22	44.0	56.0			
Wilcox	26	9	34.6	65.3			

Oyster Program—During 1985 four orders affecting the status of oyster growing areas in Mobile Bay were issued by the state health officer. Two of the orders were issued to change the classification of areas for the relaying of oysters from prohibited areas. One order was issued to close areas adjacent to Dauphin Island when work was occurring on the sewage treatment plant. One order required closure of Dauphin Island Bay after Hurricane Elena in September 1985. During late November 1985 the Technical Services Branch of the Food and Drug Administration performed dye studies in Dauphin Island Bay. The results should be provided by the end of January 1986. The major producing area of Alabama continues to be the Cedar Point area, and no commercial production is currently occurring on the

eastern shore.

No major flooding in the river system occurred during 1985, which resulted in excellent water quality of the oyster growing areas. There was damage to the Cedar Point Reef from Hurricane Elena, but by the end of the year approximately 500 oyster catchers were working this area. All conditional areas were open at the end of the year, except Dauphin Island Bay. Four hundred seventy-eight bay water samples were collected during 1985, and 15 bay shellstock samples were collected.

The local production of oysters was making a tremendous recovery by the end of 1985. Hurricane Elena destroyed large parts of Cedar Point, but new reefs were found and the damaged areas were being replenished. Estimates of 1,000 barrels of oysters being caught per day are common. Alabama plants continued to receive significant amounts of shellstock from Louisiana and Texas. From all sources 62 shellstock samples were collected, with 86 percent meeting the bacteriological standards. This represents a continuing trend toward better sample results. During 1984 82 percent of the samples met the standards.

Permits for oyster processors are issued on an annual basis. At the close of 1985, there were 52 oyster plants holding valid permits. This represents a 21 percent increase during 1985. Indications are that as many as 60 shops may be operating by the end of January 1986. The plants are inspected routinely and water supply samples are collected and analyzed at the Mobile Branch Laboratory.

Crab Meat Program—At the end of 1985 there were 22 permits issued to Alabama crab meat packing plants. This is a decrease of 12 percent during 1985. Most plants are small, family operations. Four plants are considered large operations. Sanitation problems continue to be encountered at the larger plants with large numbers of Southeast Asian refugee workers. The problems result from a lack of communication skills and the lack of appreciation for basic sanitation requirements.

Division of Milk

At the end of 1985 there were 410 producer dairies, 23 milk and frozen dessert plants, and 4 single service container plants located in Alabama. Seventy-four permits were issued to out-of-state processing plants. Seventy-four bulk milk haulers and 51 bulk milk tankers were permitted.

Personnel of the Bureau of Inspection conducted 1,928 inspections of dairy farms, 240 inspections of milk plants, frozen dessert plants and single service container plants. Inspections were made on 155 delivery vehicles, 44 bulk milk haulers and 42 tank trucks.

Plans were reviewed for 32 new or remodeled barns. Two milk and frozen dessert plants had major construction expansion during 1985.

Mastitis checks were conducted on two herds representing 112 cows using the California Mastitis Test Kit. Two herds were sampled for S. mbandaka.

There were 3,652 samples of raw milk collected at dairy farms, 514 of these samples exceeded the limit for the Wisconsin Mastitis Test; 119 exceeded the Direct Microscopic Cell Count Standards; 204 exceeded the Standard Plate Count criteria. A total of 312 of the samples exceeded one or more of the established standards. The percent compliance of all dairy farm samples increased from 91.0 percent to 92.0 percent.

Forty-nine of 472 commingled raw milk samples exceeded bacteria count standards. Compliance for commingled raw milk samples was 90.0 percent.

Results of laboratory examination for 3,793 pasteurized milk, milk product and frozen dessert samples collected show that 291 violated coliform standards, and 146 had unacceptable bacteria counts. The percent compliance for pasteurized products was 92 percent for coliform and 96 percent for plate count standards.

Thirty-nine official notices were issued at farms for sanitation violations. Thirty-two notices were issued for standard plate count violations and 23 for somatic cell count violations, resulting in 12 permit suspensions for standard plate count and 11 for somatic cell counts. Permits at 19 dairies were suspended due to adulteration of product with water. Three dairies' permits were suspended for adulterations with growth inhibitors. An additional 18,000 gallons of commingled raw milk was condemned due to adulteration with growth inhibitors.

Thirty-four notices were issued to milk processors for coliform violations and eight for standard plate count violations, resulting in one suspension of a milk product. One official notice was issued to a plant for adulteration of product with water. Three notices were issued for labeling violations and two plants were ordered to recall products containing FD&C yellow #5 not so labeled on containers.

Sampling and inspection totals included in this report include Jefferson and Mobile counties as well as the Bureau of Inspection. Enforcement totals in this report represent only those activities carried out by the bureau.

The proposed rules governing production, processing, handling or distribution of milk for manufacturing purposes, dry milk products, butter, cheese or condensed milk products were finalized for adoption in 1986.

The bureau participated in the following training activities: Alabama Dairy Conference, Rules Seminar, FDA Region IV Survey Officers Seminar and Auburn University Planning Workshop.

Division of Lodging

The lodging sanitation program includes the Hotel-Motel program, the Detention Facility program and the Camp Sanitation program. Table 6-12 indicates the number of establishments and the number of inspections recorded in each area of activity in fiscal year 1985.

Hotel-Motel Sanitation Program—The county health departments provide routine inspectional activities for hotels and motels. The minimum inspectional frequency has been established by regulation on a biannual basis. Other health department activities include enforcement and compliance efforts including state and county permit issuance and plan review for new or remodeled hotels.

The Alabama Department of Public Health is responsible for providing training for county health department personnel and for assisting, when necessary, with enforcement activities. One example of assistance that occurred during 1985 was efforts expended in securing the closure of a motel in Montgomery County through the federal courts in Jackson, Mississippi. Permits are issued jointly.

During 1984-85, 535 hotels and motels were operating in Alabama, and 1,757 inspections were conducted.

An amendment to Alabama's Hotel-Motel Rules disallowing the use of ductless ventilators in newly constructed or remodeled hotels-motels was adopted by the State Committee of Public Health in early 1985.

Camp Sanitation—Statewide rules for camps were adopted in December. The necessary hearings were held; responses, comments and criticisms were addressed; and the rules were adopted finally. Prior to this, only those camps in Public Health Area IV were inspected and issued permits under locally adopted rules.

Program Performance Report figures indicate that a total of 134 "resident" and/or "day" camps exist in Alabama and that 222 inspections were conducted at these camps during fiscal year 1985, as indicated in Table 6-12.

Efforts are underway to develop the necessary forms including applications for permits, permits and inspection report forms to implement the program by the spring of 1986.

Detention Facilities—The Bureau of Inspection acts in an advisory capacity to the Alabama Board of Corrections and to the local health departments in the jail and prison inspectional programs. Currently 265 county and municipal jails operate within the state. During 1985, local health department environmentalists conducted 1,504 inspections at these establishments.

Twelve major prisons, 12 work release units, 1 food storage warehouse and 1 food processing plant are operated under the State Board of Corrections. These facilities currently house some 10,000 inmates. Two hundred eighty-one inspections were conducted at these 26 facilities during fiscal year 1985. A sanitary food survey conducted by a Bureau of Inspection FDA Certified Survey Officer in November 1985 indicates that these facilities

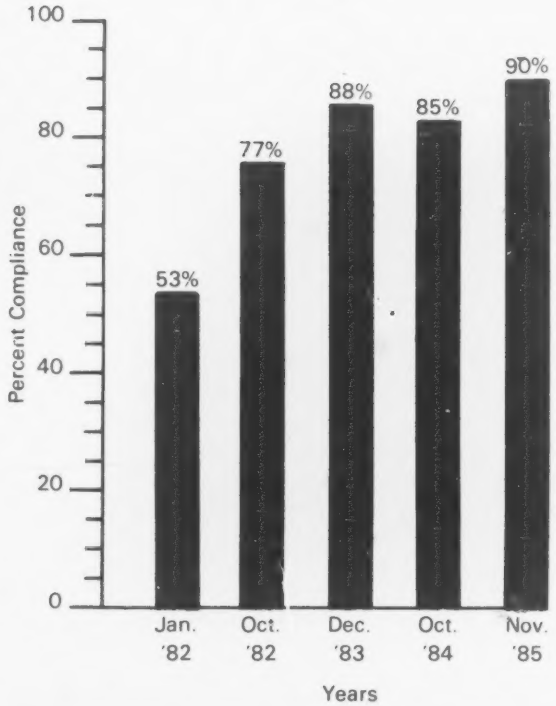
TABLE 6-12
LODGING SANITATION PROGRAM
NUMBER OF FACILITIES AND INSPECTIONAL ACTIVITIES BY AREA
CALENDAR YEAR 1985

	Hotels		Camps		Co./City Jails		State Institutions	
Area	No. Est.	No. Insp.	No. Est.	No. Insp.	No. Est.	No. Insp.	No. Est.	No. Insp.
PHA I	114	271	19	127	51	177	4	48
PHA II	30	105	7	3	12	68	1	12
PHA III	15	69	17	4	26	67	2	24
PHA IV	64	167	25	51	35	171	1	12
PHA V	130	330	25	28	62	156	10	89
PHA VI	74	204	15	2	34	100	5	60
Jefferson Co.	60	500	6	6	34	725	1	12
Mobile Co.	48	111	20	1	11	40	2	24
TOTAL	535	1,757	134	222	265	1,504	26	281

State personnel provided training for 10 local environmentalists in lodging inspections.

have an average compliance score of 90. Graph 6-2 shows the trend of food service survey scores during recent years, including 1985.

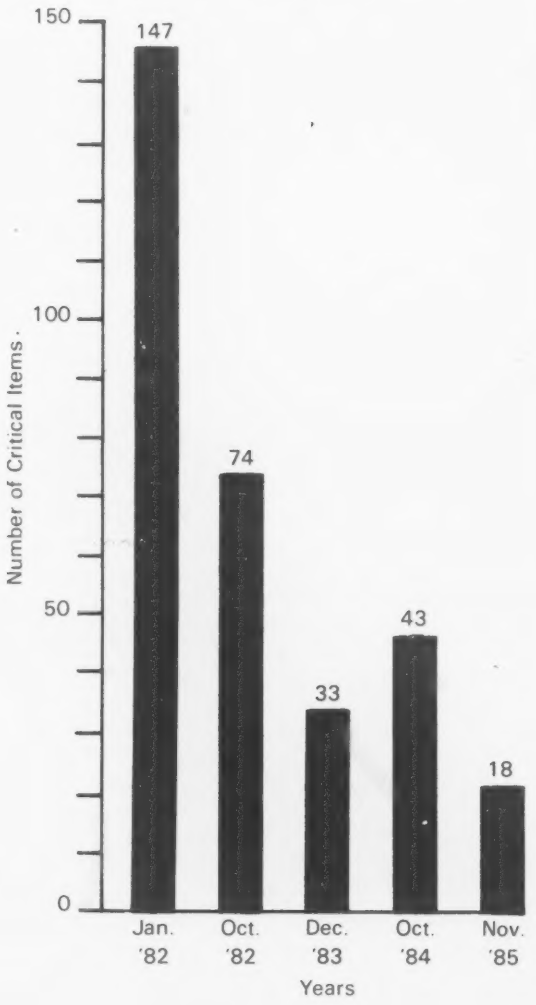
GRAPH 6-2
SANITATION LEVELS FOR PRISON FOOD SERVICE FACILITIES
1982-1985



Graph 6-3 depicts the number of critical sanitation items found to be in violation during these same surveys.

During the year, two food sanitation training courses were provided for the prison system with a total of 68 food workers and supervisors attending.

GRAPH 6-3
NUMBER OF CRITICAL ITEMS IN VIOLATION
PRISON FOOD SERVICE FACILITIES
1982-1985



The Limestone Correctional Center was opened in 1985, and the new Bullock Correctional Facility is scheduled to open in mid-1986. The increase in the number and size of correctional facilities over the past few years has increased the workload of the Bureau of Inspection with no concurrent increase in staffing levels.

BUREAU OF RADIOLOGICAL HEALTH

The Bureau of Radiological Health regulates all sources of ionizing radiation in Alabama with the exception of nuclear reactors pursuant to Title 22, Chapter 14, Code of Alabama, 1975. In addition, in coordination with other state agencies, the bureau maintains the Alabama Radiological Emergency Response Plan.

Division of Radioactive Materials Licensing

As of December 31, 1985, the bureau had 414 active specific licenses to use radioactive materials. In addition there are 448 registered users under the general license provisions of the state rules. During 1985, 304 amendments to specific licenses were issued. Thirty new specific licenses were issued during the year.

Division of Radioactive Materials Compliance

The bureau inspected 93 specific licenses in 1985. A major contamination incident occurred in 1985 when U.S. Pipe and Foundry in Bessemer apparently bought some scrap metals containing at least one cesium 137 source. The bureau continues to keep this incident under investigation and the approval of the clean-up is also pending.

Division of X-Ray Compliance

As of December 31, 1985, 14 percent of the X-ray facilities in the state were overdue for inspection. This compares with 19 percent at the beginning of the year. The addition of one employee to this division has continued to improve the overdue inspection condition. As of December 31, 1985, the bureau had 4,602 X-ray tubes registered. This figure does not include Jefferson County which has its own X-ray program.

Division of Emergency Planning

The emergency plan for both the Browns Ferry Nuclear Plant and the J.M. Farley Nuclear Plant was tested. Unfortunately, during the Browns Ferry test several individuals were contaminated with small quantities of radioactive material. The year ended with this incident remaining under review.

BUREAU OF LICENSURE AND CERTIFICATION

The Bureau of Licensure and Certification is the state agency responsible for licensing health care providers pursuant to state statute. Additional responsibilities include assisting providers in complying with federal certification requirements for participation in the Medicare and Medicaid programs, the Title VI (Civil Rights Program) and the Drug Imprint Program.

The bureau has five functioning divisions, each having particular areas of responsibility. These divisions are Licensure Division, Certification Division, Field Services Division, Plans and Construction Division and Administrative Services Division.

An overview of activities for divisions within the bureau follows.

Certification Division

Health care facilities, agencies and individuals must be certified as meeting the conditions of participation to be reimbursed through the federal Medicare program or the state administered Medicaid program.

For purposes of Medicare certification, the Bureau of Licensure and Certification has an agreement with the Secretary, U.S. Department of Health and Human Services, and for Medicaid certification, the Alabama Medicaid Agency, to survey and certify that providers are in compliance with Medicare and Medicaid regulations. In addition, the bureau contracts with the Alabama Medicaid Agency to survey and approve health care providers for Civil Rights compliance.

Through the survey process, the division applies federal laws and regulations passed by Congress to determine certification status and eligibility for participation. If applicable, local and state requirements such as compliance with certificate of need and licensure regulations are used to determine compliance during certification visits.

Since 1980 Congress and the Department of Health and Human Services have been very active in assessing alternatives to institutional care such as home health agency care, ambulatory surgical facilities, hospices and contracts with health maintenance organizations. These activities along with promotion of traditional outpatient services have been aimed at curtailing the spiraling costs in the Medicare/Medicaid programs. They have also increased the use of outpatient services such as home health services.

In the latter part of 1983 and in 1984 the first viable cost containment program, prospective payment, was initiated by the Department of Health and Human Services in the Medicare program. Prospective payment, a method of payment of predetermined charges for diagnosis related groupings rather than on a cost plus basis, has resulted in shorter lengths of stays and reduced admissions in hospitals. This has increased the need for other types of care, primarily nursing home and home health agency care. It has also led to nursing homes accepting patients who require more intense care. Accordingly, the number of home health agencies has increased by 13 percent in 1985 and existing ones have expanded their patient loads and services. Three new hospices and nine ambulatory surgery centers were certified.

Different techniques of determining and promoting appropriateness and quality of care have been studied and tried since the advent of the Medicare and Medicaid programs in 1965. In 1985, implementation of some of these techniques had a big impact on hospitals. Seven new ambulatory surgery centers were licensed and certified in 1985 making a total of 17 in the state. The use of these new techniques has and will continue to require extensive staff and health care personnel training.

Table 6-13 gives the number of health care providers which participated in each program in calendar year 1985. With few exceptions, providers participate in both programs. Intermediate Care Facilities (ICF) are eligible only for Medicaid certification. In a few instances, providers elect only to participate in one program.

TABLE 6-13
MEDICARE/MEDICAID PARTICIPANTS
CALENDAR YEAR 1985

Provider	Medicare	Medicaid
Hospitals	139	134
Skilled Nursing Homes	195	190
Skilled Nursing Homes with ICF Certification		190
Intermediate Care Facilities (ICF)		19
Intermediate Care Facilities for the Mentally Retarded (ICF/MR)		8
Home Health Agencies	122	92
Independent Laboratories	68	68
Rural Health Clinics	7	
Renal Dialysis Facilities	28	
Rehabilitation Centers	8	
Independent Physical Therapists	36	
Portable X-ray	2	
Ambulatory Surgical Centers	17	
Chiropractors	340	
Hospice	3	

During 1985, there were 42 changes of ownership occurring in health care facilities which required a considerable amount of effort and coordination between the Certification Division and the health care facilities involved.

Field Services Division

Calendar year 1985 proved to be most productive for the Field Services Division. The division was fortunate to employ two additional registered nurses to assist in surveying and providing professional consultation to health care facilities throughout the state.

During 1985, the division initiated the certification of rural hospitals in the Hospital Swing-Bed Program. This program, involving hospitals with less than 50 beds, allows these facilities to certify empty acute beds for skilled nursing care. Extensive consultative efforts were provided interested hospitals. Greenlawn Hospital and Bullock County Hospital are presently enrolled in this federally funded program.

Also during 1985, the Health Care Financing Administration (HCFA), Department of Health and Human Services, asked the Field Services Division to test a new long term care survey procedure developed by that agency. This new procedure, Patient Assessment and Care Survey (PACS), focuses more attention on assessing direct patient care and places less emphasis on paperwork compliance. Division personnel attended special training relative to the new procedure. Eight surveys were conducted at selected nursing homes during April and May of 1985 utilizing the new procedures. The results of the surveys, as well as staff and provider evaluations, were submitted to HCFA to assist in the final draft of new survey procedures. As a result of these surveys and evaluations, HCFA made further changes in the proposed process. The new procedures for surveying long term care facilities will be finalized and implemented at all facilities in early 1986.

The 1985 Alabama Legislature passed legislation setting up the State Ombudsman Program. Division personnel participated in the training session for ombudsmen and have coordinated procedures with the Alabama Commission on Aging for handling complaints levied against nursing homes. This relationship with the Alabama Commission on Aging will enhance the division's efforts to assure patient and sponsor complaints are thoroughly investigated and problems resolved.

In an effort to assist nursing homes in meeting Medicare/Medicaid standards, two statewide programs were developed to provide nursing homes with a better understanding of the regulations relative to social and pharmaceutical services and their relationship in improving patient care.

The first series included eight workshops conducted by division pharmacists during January of 1985 titled "Methodology for the Detection of Medication Errors." These workshops dealt with the recent changes in pharmaceutical regulations and their application in the nursing home setting. Attendance at these workshops was 880 including registered nurses, pharmacists and administrators. The success of these workshops can be measured by the reduction of medication errors made by nursing personnel in nursing homes and the decrease in the number of medications being administered to patients.

The second series included nine workshops conducted by the division's medical social worker during November of

1985, titled "Social Services Workshop for Social Service Designees in Long Term Care Facilities." These workshops dealt with all aspects of social services. Attendance for this program was 371 including social service designees, social workers, activity consultants, registered nurses, administrators and several ombudsmen.

Participants indicated they found both series interesting, informative and very useful. The division has received repeated requests for more programs such as these. This was an extremely worthwhile effort, and the division is planning to offer workshops in additional disciplines during 1986.

The division continued to conduct Title VI Civil Rights reviews during 1985 at nursing homes, hospitals, home health agencies and hospices. In addition, Title VI reviews were expanded to include rural health centers. Staff continued to monitor the compliance process and to assist providers in meeting Title VI requirements in accordance with applicable laws.

Table 6-14 reflects the total number and category of visits conducted by the division at health care facilities during calendar year 1985.

TABLE 6-14
FIELD SERVICE ACTIVITIES
1985

Facility Classification	Licensure Inspections	Certification Surveys	Follow-Up Visits	Title VI Reviews	Consultation Visits	Complaint Investigations
Hospitals	27	27	25	121	15	7
Nursing Homes	238	238	187	184	246	248
Cerebral Palsy Treatment Centers	2	0	0	0	0	0
Laboratories	99	99	8	0	0	1
Maternity Homes	3	0	0	0	0	0
Rehabilitation Centers	7	7	1	0	0	0
Dialysis Centers	25	25	14	0	3	2
Home Health Agencies	0	111	49	44	6	2
Independent Physical Therapy	0	2	0	0	0	0
Rural Health Clinics	0	8	2	0	0	0
Intermediate Care Facilities/ for the Mentally Retarded	0	7	5	5	6	0
Abortion Clinics	7	0	0	0	0	2
Ambulatory Surgical Centers	11	11	3	0	4	0
Hospices	3	3	1	0	1	0
TOTALS	422	538	295	354	281	262

Licensure Division

The Licensure Division is responsible for licensing health care providers utilizing rules adopted and promulgated by the Alabama State Board of Health. Licensure activities consist of on-site assessments of all health care providers subject to licensure. Bureau recommendations for licensing health care providers are approved by the State Licensure Advisory Board as well as the Alabama State Board of Health.

Licensing requirements are applicable to hospitals, nursing homes, domiciliary care facilities, independent clinical laboratories, health maintenance organizations, ambulatory surgical centers, rehabilitation centers, end-stage renal disease treatment centers, maternity homes, abortion clinics and related medical institutions. All institutions providing health and personal care (except state mental hospitals, hospitals operated by the federal government, and health facilities which do not serve the general public such as fraternal organizations and college infirmaries) are subject to licensure.

Licensure activities continued during calendar year 1985 with inspections being made at each health care provider subject to licensing.

For calendar year 1985, the Alabama State Board of Health in approval action sanctioned the issuance of 72 temporary licenses with 551 providers receiving regular licenses.

In addition, the Licensure Division is responsible for coordinating and approving initial licensing applications, changes of ownerships, increases and decreases in bed capacities, name changes, address changes and status changes.

The problem with unlicensed facilities continued to be an issue of concern in Alabama. Unlicensed domiciliary care facilities are reported from various sources throughout the state as the industry expands and communities become more familiar with this level of care.

In April 1984 domiciliary program activities relative to small group facilities were separated from the bureau's Field Services Division. Further organizational changes were made in April 1985 when activities associated with institutional domiciliaries were incorporated into the overall domiciliary program. This change was made to accommodate and manage the anticipated growth in the institutional classification.

The number of small group facilities in calendar year 1985 increased form 66 to 77, with an increase in beds from 601 to 768. Institutional domiciliary care facilities increased from 14 to 20, with an increase in beds from 875 to 1,207. Additionally, there are 30 facilities presently being constructed or renovated for participation in this program.

Field activity during calendar year 1985 for the domiciliary program included 396 licensure inspections, 48 complaint investigations and 50 consultation visits.

Another area of considerable growth involves health maintenance organizations. Currently, there are nine licensed health maintenance organizations with several applications for licensing pending. Licensed HMOs' service areas cover a substantial geographical portion of the state with over 100,000 enrolled subscribers. The bureau has been very involved with activities associated with HMOs which include development and implementation of a formal application packet, an on-site assessment tool, and quarterly and annual reporting systems. It is anticipated that the growth of HMOs will continue in 1986 with an ever increasing percentage of citizens obtaining health care under this delivery system.

Table 6-15 gives the type and number of providers including beds, where applicable, licensed in calendar year 1985.

TABLE 6-15
HEALTH CARE PROVIDERS LICENSED
CALENDAR YEAR 1985

Type of Facility	Number of Facilities	Number of Beds
Hospitals	136	21,215
Nursing Homes	217	22,138
Ambulatory Surgical Treatment Centers	17	
Independent Clinical Laboratories	93	
Cerebral Palsy Treatment Centers	2	99
End Stage Renal Disease Treatment Centers	25	
Rehabilitation Centers	12	100
Health Maintenance Organizations	9	
Maternity Homes	3	56
Domiciliary Care Facilities	100	1,975
Abortion Centers	9	

Plans and Construction Division

To ensure safe, functional and efficient health facilities, the Plans and Construction Division reviews plans and inspects buildings that house licensed health facilities.

The division enforces the building regulations which the State Board of Health has established as a part of the licensing requirements for hospitals, nursing homes, end stage renal dialysis centers, rehabilitation centers, abortion clinics, ambulatory surgical treatment facilities and domiciliaries. These standards prescribe necessary functional elements; establish minimum requirements for

the patient environment; and require that construction meet specified building, fire and safety codes.

A condition for participation in Medicare and Medicaid is that hospitals and nursing homes maintain their buildings in compliance with the Life Safety Code of the National Fire Protection Association. The division makes annual inspections, reviews plans, consults and performs necessary follow-up work to enforce this program at all hospitals (except those accredited by the Joint Commission) and nursing homes in the Medicare/Medicaid programs. Division staff performing these tasks act in their role of assistant state fire marshalls.

Staff training, fire drills, evacuation plans, fire control procedures, disaster plans and smoking regulations are incorporated in fire safety consultation and education programs.

The division serves the Department of Public Health when construction, renovation or maintenance is required in one of the county health department buildings, the Clinical Laboratories and other buildings occupied by the department.

Architectural and engineering services are extended to the State Health Planning Agency. These services include:

1. Review schematic plans submitted with Certificates of Need applications.
2. Review plans for federally funded projects which are not licensed by the Bureau of Licensure and Certification as well as make inspections during construction.
3. Make inspections of facilities to evaluate size of each department or adequacy of facility.
4. Make on-site visits to determine bed capacity.

The health care industry has become so complex with continual innovations in equipment and services that buildings must be more flexible and expandable. Long-range planning is already saving millions of dollars both in construction and increased efficiency of personnel. The division architect and construction specialists work with every health facility involved in construction and their architects and engineers to ensure that buildings are designed and built to be as functional as possible and to respond to the needs of the future.

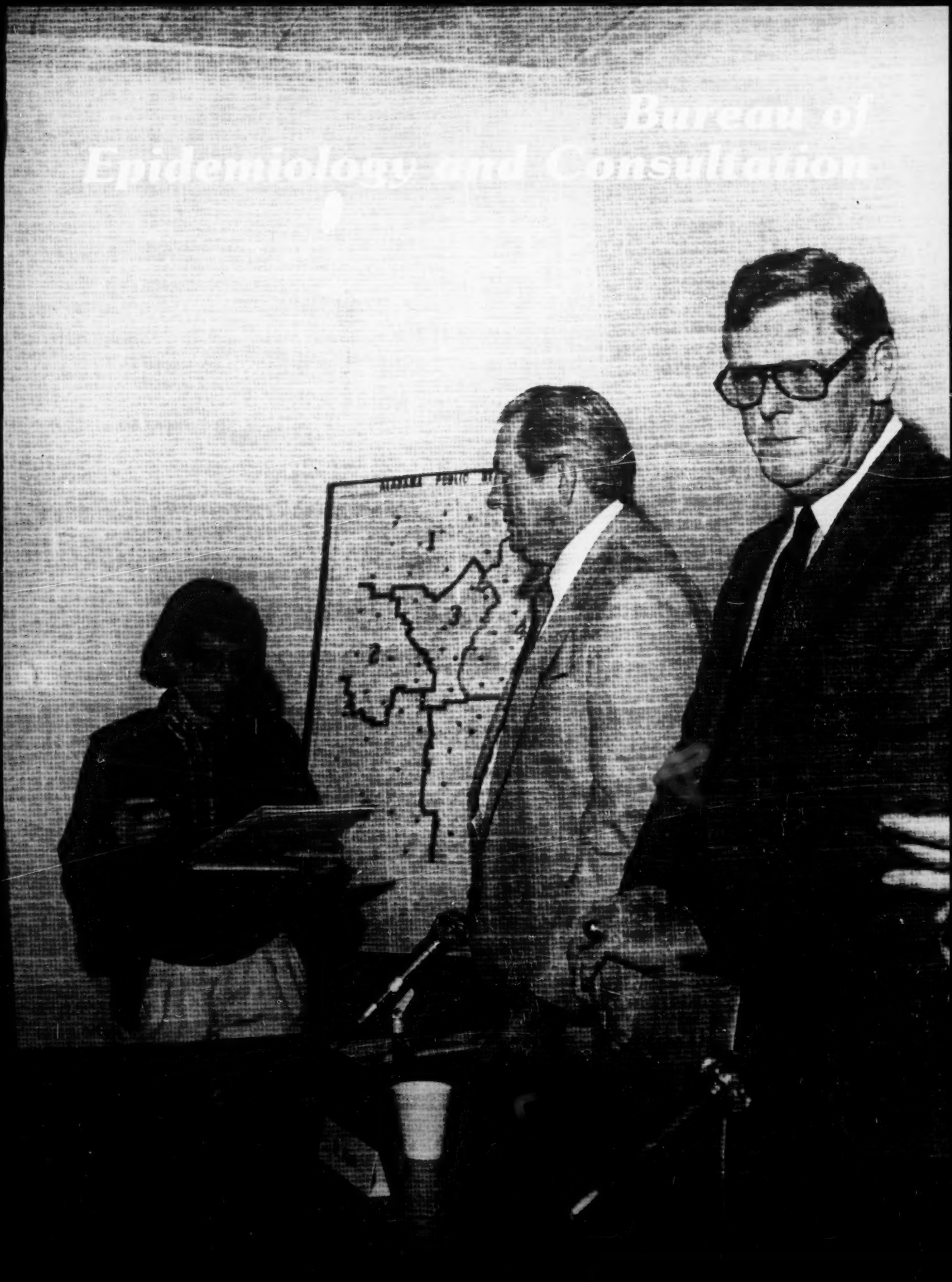
The time frame of these projects can vary from six months of planning and six months of construction to several years of planning and three or four years of construction where renovations and new construction is phased. Most projects are in planning and construction for at least two years. Table 6-16 shows the number of projects which had planning begun in calendar year 1985 based on the date that the project number was issued.

TABLE 6-16
PROJECTS WITH PLANNING INITIATED IN 1985

	Projects	New Beds	Replacement Beds	ESRD Stations
Hospitals	34	1,406		
Nursing Homes	13	121	236	
End Stage Renal Disease Centers	6			53
Domiciliaries, Institutional	11	817		
Domiciliaries, Small Group	21	254		
Ambulatory Surgery Centers	2			
Rehabilitation Centers	1			

These figures do not include projects which were for equipment only

The unit of Administrative Services is responsible for support activities in assisting other divisions within the bureau. Activities involve such areas as personnel, administration, budgets, information, purchasing and other administrative functions.


Bureau of
Epidemiology and Consultation

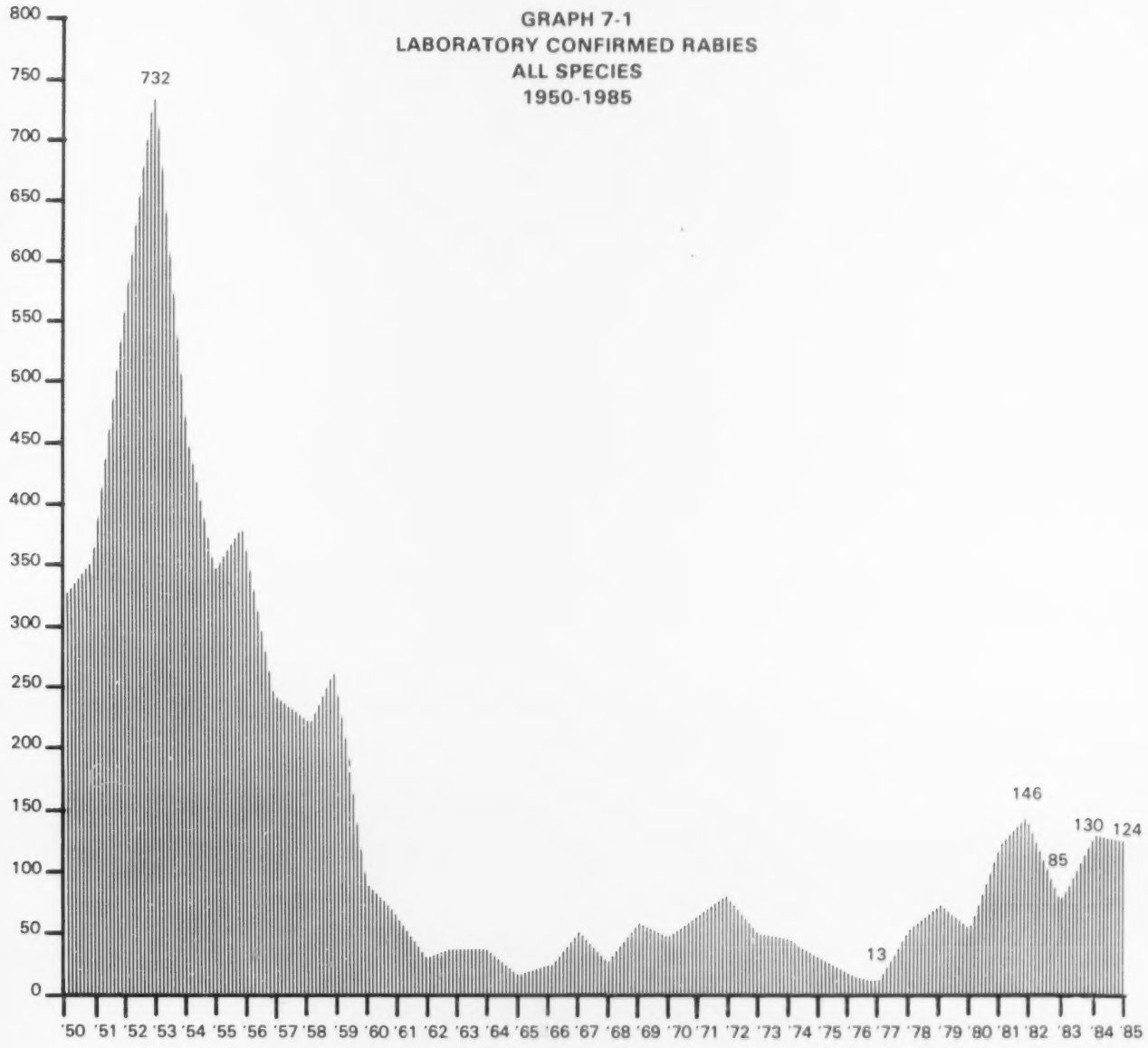
BUREAU OF EPIDEMIOLOGY AND CONSULTATION

The Bureau of Epidemiology and Consultation provides professional and technical assistance through the divisions of Epidemiology, Disease Registries, and Toxic Substances and Zoonotic Diseases. The bureau traditionally has had the role of coordinating outbreaks or epidemics of disease, implementing control measures, and serving as epidemiology liaison with local health departments and other agencies. These services are available on a 24 hour, seven day a week basis.

As has been the case for the past several years, 1985 showed a continued increase in requests for epidemiologic services. During this year, the bureau responded to 3,897 requests for consultation (2,688 from the six public health areas and 1,209 from other agencies). A total of 29,357 notifiable disease reports was received during this period.

Rabies related epidemiology continues to be a major function as the rabies endemic ares in Alabama increase. On January 3, 1985, the state health officer declared a rabies epizootic for a 16 county area in the southeast quadrant of the state. One hundred twenty-four laboratory confirmed cases of animal rabies were reported in 1985 resulting in consultations with physicians and local health departments and the distribution of 657 doses of Human

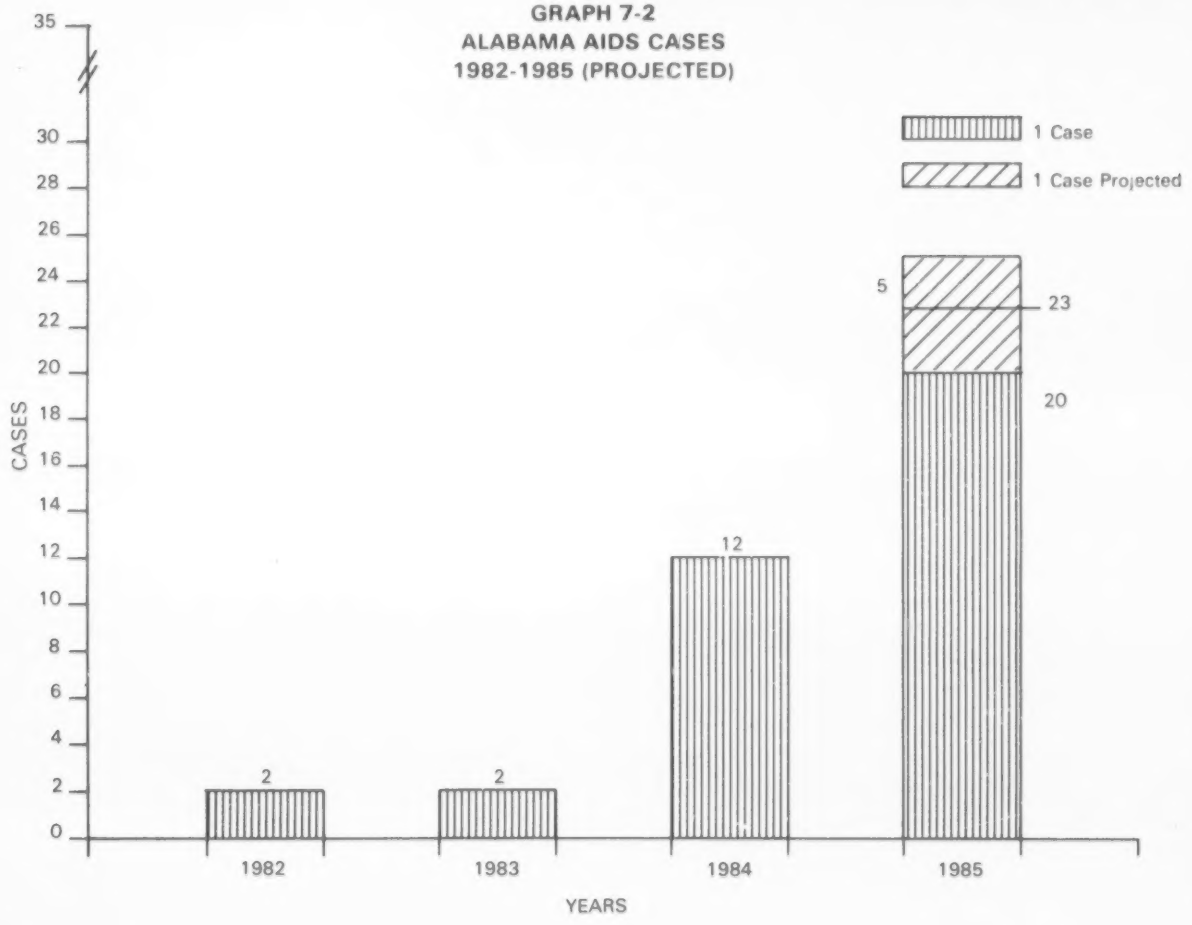
GRAPH 7-1
LABORATORY CONFIRMED RABIES
ALL SPECIES
1950-1985



Diploid Cell Rabies Vaccine for exposed individuals. Increased emphasis on preexposure immunization of high-risk individuals resulted in orders for 156 doses of rabies vaccine plus 119 doses of boosters for those previously immunized. Jefferson County Department of Health also distributed five doses (all preexposure prophylaxis). In addition, the bureau dispensed 537 doses of Human Rabies Immune Globulin (HRIG). This additional biological dispensed from this bureau has greatly improved and expedited shipments to physicians and hospitals for the prophylaxis of contacts to rabies. Consultations with physicians and hospitals on rabies exposures continue to reduce the unnecessary use of these costly biologicals.

During 1985, the general public was introduced to Acquired Immune Deficiency Syndrome (AIDS) through massive news media coverage. Much information and misinformation was presented creating considerable concern and alarm that AIDS might be readily transmitted to individuals by casual and work-related contact. As a result, telephone inquiries regarding AIDS to this bureau and other agencies of the department increased tremendously.

GRAPH 7-2
ALABAMA AIDS CASES
1982-1985 (PROJECTED)



In an effort to satisfy this increased demand for accurate, non-speculative information a brochure, "Facts About AIDS," was published and distributed to all local health departments, other state governmental agencies, support organizations, civic groups and private citizens. The same information was distributed to private health care providers in the *Communicable Disease Report*. This brochure is now available on request from local health departments and this bureau.

Since the onset of AIDS reporting in July 1983, 39 confirmed cases have been added to the state registry. This total reflects a near doubling of cases between 1984 and 1985, which is consistent with national trends. The mortality rate for AIDS through the end of 1985 was 59 percent.

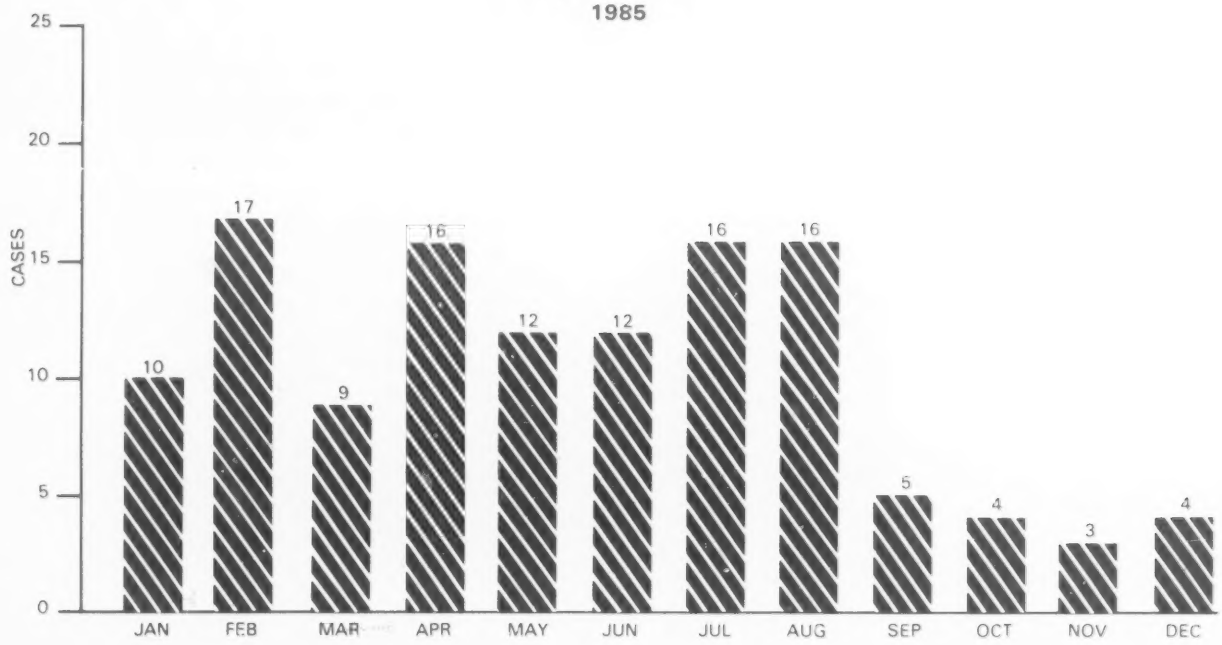
Assistance in coordination of foodborne outbreaks and initiating control measures involved restaurants, schools, churches, and private parties. Thirty-two outbreaks affecting 259 individuals were reported. Follow-up investigations and continued monitoring for control measures were coordinated with local health departments for extended periods following outbreaks.

Vibrio parahaemolyticus and *V. cholera*, Non-01 were implicated in waterborne/foodborne outbreaks this year. Both of these incidences were traced back to ingestion of raw oysters.

Public awareness and increased interest in toxic substances and their physical properties, as well as the possibility of exposures to potential or known carcinogens, have resulted in an increase in the number of inquiries to this office. During 1985, the bureau responded to 51 requests for information on effects of exposures to toxic substances related to human health.

The monthly publication *Communicable Disease Report* continues to provide current information and disease trends to physicians, health-care agencies, and other interested individuals. Due to decreased nationwide circulation of *Morbidity and Mortality Weekly Report*, special attention was directed in 1985 to major articles from the Centers for Disease Control relating to infectious diseases. Included, on a quarterly basis, is a cumulative report on the incidence and prevalence of communicable diseases within each county of the state tabulated by the Division of Disease Registries.

GRAPH 7-3
LABORATORY CONFIRMED RABIES
BY MONTH
1985



Educational/training seminars produced by bureau staff were produced for 969 attendees receiving epidemiology training. Those in attendance included health department personnel, infection control practitioners, nursing organizations, schools of nursing, penal system personnel associated with communicable diseases, and interested groups of private citizens.

The Bureau of Epidemiology and Consultation works closely with other units of the department, Centers for Disease Control, U.S. Department of Agriculture, Food and Drug Administration, Environmental Protection Agency, and especially with the Clinical Laboratory Administration.

CHART 7-1
LABORATORY CONFIRMED RABIES
CALENDAR YEAR 1985

TABLE 7-1
FOODBORNE OR FOOD RELATED ILLNESSES
REPORTED TO BUREAU OF EPIDEMIOLOGY AND CONSULTATION
1985

County	Date	Suspect Food(s)	Organism(s)	No. People Affected
Calhoun	1-16-85	Pizza	Negative	3
Calhoun	2-05-85	Pizza	Aerobic Ct. TNTC	2
Jefferson	2-14-85	Shrimp	Aerobic Ct. TNTC	2
Jefferson	3-29-85	Pizza	Negative	2
Jackson	4-01-85	Lettuce, tomato & carrot salad	Aerobic Ct. 95 m.	High School
Tuscaloosa	4-03-85	Soft ice cream	Negative	4
Montgomery	4-03-85	Pizza	Negative	6
Calhoun	4-26-85	Military meal	Staph suspected	103
Tallapoosa	4-30-85	Cake	Aerobic Ct. 500,000	3
Jefferson	5-02-85	Coca Cola	Negative	4
Dallas	5-30-85	Cat fish	Negative	4
Mobile	6-10-85	Sirloin tips	*Clostridium perfringens*	3
Crenshaw	6-11-85	Weiners	Negative	2
Madison	6-14-85	Chocolate donut	Coliform Ct. 930	3
Madison	6-17-85	Blue cheese dressing	Negative	3
Houston	6-21-85	Swiss cheese	*Bacillus cereus*	5
Houston	6-21-85	Turkey	Aerobic Ct. TNTC	5
Montgomery	6-21-85	Oysters	*Bacillus cereus*	2
Jefferson	6-21-85	Gyro lamb & beef	*Bacillus cereus*	3
Lee	7-22-85	Chicken stew	Aerobic Ct. 1,800,000	8
Colbert	7-31-85	Barbecue pork	*Bacillus cereus*	3
Jefferson	8-13-85	Italian sausage	*Bacillus cereus*	6
Jefferson	8-13-85	Cheese	Aerobic Ct. 54,000,000	6
Marshall	8-14-85	Ice cream (homemade), potato salad, hamburger, hot dogs	Negative	22
Coffee	9-06-85	Big Mac sauce	Negative	7
Mobile	9-12-85	Barbecue chicken	Negative	13
Calhoun	9-26-85	Pizza	Staph toxin +	2
Colbert	10-17-85	Pizza	Negative	6
Houston	10-17-85	Raw oysters	*Vibrio cholera*, non-01	1
DeKalb	10-18-85	Cake, mints, nuts & punch	Negative	16
Etowah	12-02-85	Sliced ham	Negative	5
Winston	12-02-85	Raisins	Negative	2
			TOTALS	256

TABLE 7-2
SEASONAL OCCURRENCE OF DISEASES
1985

Diseases	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Amebiasis		2		1		2				1		
Brucellosis										1		1
Campylobacterosis	1	9	4	5	9	18	14	19	6	5	15	4
Diphtheria												
Encephalitis	3	1	1		3	3	2			2		
Giardiasis	109	87	116	145	100	102	98	122	73	166	133	100
Gonorrhea	2,393	1,400	1,825	2,053	1,924	2,015	1,991	2,196	2,089	2,167	2,193	1,471
Hepatitis, A	6	3	11	3	1	4	1	5	4	5	5	4
Hepatitis, B	63	25	52	38	30	26	48	40	27	54	57	27
Hepatitis, Unspec.	1	1	1	3	2	1	1	2		2	1	
Hep., Non A, Non B	9	4	8	6	3	2	3	1	9	15	10	6
Histoplasmosis	5	10	15	4	2	8		2	3	1	1	4
Legionellosis	1	1				1					2	
Leptospirosis			1									
Malaria	1	1				2	1			1		
Measles												
Meningitis, Aseptic	8	11	4	4	17	50	40	59	47	30	22	11
Meningococcal Men.	1	7	4	2	5	3	2		1	1		2
Mumps			1						1			
Pertussis	1		1				4	1	4	7	8	4
Psittacosis												
Poliomyelitis												
Rabies in Animals	8	18	10	14	13	12	16	16	6	4	3	4
Reye Syndrome			2	1								
Rocky Mt. Spotted Fev.		1	--	2	1	1	2	3	3	1	1	1
Rubella												
Salmonellosis	28	33	43	28	72	61	73	85	143	68	52	54
Shigellosis	2	3	8	24	14	8	8	30	10	11	22	13
Smallpox												
Syphilis	101	118	117	116	101	79	123	126	109	172	137	76
Tetanus	1										1	
Tuberculosis	44	39	61	52	43	58	35	39	50	37	41	32
Tularemia												
Typhoid Fever		1	1									
Typhus, Murine												

TABLE 7-3
CASES OF COMMUNICABLE DISEASES
1975-1985

Diseases	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985
Amebiasis	1	4	1	5	2	7	4	4	5	11	6
Brucellosis	3	3	2	3	3	6	4	5	5	4	2
Campylobacterosis						24	61	56	109	99	109
Diphtheria											
Encephalitis	78	87	12	16	28	12	23	18	25	26	15
Giardiasis								435	713	1,277	1,351
Gonorrhea	24,418	25,026	24,936	25,082	26,012	24,464	25,178	25,092	23,126	23,376	23,717
Hepatitis, A	304	218	212	224	267	237	155	128	183	127	52
Hepatitis, B	259	221	175	168	236	273	289	381	424	464	487
Hepatitis, Unspec.	43	35	74	57	120	138	78	57	49	35	15
Hep., Non A, Non B							32	63	76	70	76
Histoplasmosis					50	21	72	131	104	81	55
Legionellosis			13	13	10	10	7	9	5	19	5
Leptospirosis	4	2	5	1	2	1	1	2	2	1	1
Malaria	6	2	6	2	6	8	10	2	7	8	6
Measles	5		79	102	129	22	2	2	5	3	
Meningitis, Aseptic	159	136	183	148	289	537	326	321	445	238	303
Meningococcal Men.	32	40	61	52	41	58	68	56	50	36	28
Mumps	454	368	400	437	28	36	19	10	4	6	2
Pertussis	46	6	4	3	4	3		5	5	2	30
Psittacosis			1		2	2		1			
Poliomyelitis											
Rabies in Animals	34	18	13	53	73	56	123	146	85	130	124
Reye Syndrome	3	3	2	5	7	10	14	10	5	5	3
Rocky Mt. Spotted Fev.	10	15	20	13	21	18	24	19	24	15	16
Rubella	23	2	110	25	44	3	1		1	3	
Salmonellosis	329	382	425	486	474	534	603	543	737	477	740
Shigellosis	208	114	125	246	121	157	61	84	105	76	153
Smallpox											
Syphilis	542	432	350	421	577	893	1,062	1,510	1,528	1,382	1,375
Tetanus	1	2	3		5	4	2	6	3	2	2
Tuberculosis	780	824	704	672	644	665	640	631	523	565	531
Tularemia			1	1		2					
Typhoid Fever	3	1	1	3	8	4	5	10	2	2	2
Typhus, Murine				1				1			

TABLE 7-4
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Amebiasis			Brucellosis			Campylobacterosis			Encephalitis		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State			6	1	1	2	98	18	109	7	8	15
PHA I	Colbert			1				4	1	5			
	Cullman												
	Franklin												
	Jackson							1		1			
	Lauderdale									2			
	Lawrence												
	Limestone							1		1			
	Madison							8	1	10			
	Marion			1							1		1
	Marshall												
	Morgan									2			
	Winston										1		1
PHA II	Bibb												
	Fayette												
	Greene												
	Hale												
	Lamar												
	Pickens							1	1	2			
	Tuscaloosa			3									
PHA III	Blount										1		1
	Chilton												
	Jefferson							8	3	23	2	2	4
	St. Clair							1		1			
	Shelby												
	Walker							2		2			
PHA IV	Calhoun							1		1			
	Chambers												
	Cherokee												
	Clay												
	Cleburne							2		2			
	Coosa												
	DeKalb												
	Etowah												
	Randolph												
	Talladega							1		1	1	1	2
	Tallapoosa											1	1
PHA V	Autauga							2		2			
	Barbour												
	Bullock												
	Butler									1		1	1
	Coffee												
	Covington												
	Crenshaw												
	Dale									1			
	Elmore							1		1			
	Geneva												
	Henry												
	Houston				1		1						
	Lee							1		1			
	Lowndes					1	1						
	Macon												
	Montgomery								1	2			
	Pike												
	Russell												
PHA VI	Baldwin							2		2			
	Choctaw												
	Clarke												
	Conecuh												
	Dallas											1	1
	Escambia												
	Marengo												
	Mobile			1				32	10	45	1	2	3
	Monroe												
	Perry												
	Sumter												
	Washington								1	1			
	Wilcox												

Total includes reports not stating race

TABLE 7-4 (continued)
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Giardiasis			Gonorrhea			Hepatitis A			Hepatitis B		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State	52	2	1,351			23,717	47	5	52	328	157	487
PHA I	Colbert	5		68			146				14	3	17
PHA I	Cullman			6			42	1		1	6		6
PHA I	Franklin						8	1		1	9	1	10
PHA I	Jackson			7			22	1		1	8	1	9
PHA I	Lauderdale	18		51			122				9	4	13
PHA I	Lawrence			7			77				1	1	2
PHA I	Limestone			3			81					1	1
PHA I	Madison			5			1,381	4		4	31	2	34
PHA I	Marion			2			6	1		1			
PHA I	Marshall						26				20	2	22
PHA I	Morgan	1		22			318		1	1	8	4	12
PHA I	Winston			2			5				1		1
PHA II	Bibb						58						
PHA II	Fayette						16						
PHA II	Greene						63					1	1
PHA II	Hale	1		1			119						
PHA II	Lamar						8						
PHA II	Pickens			16			44						
PHA II	Tuscaloosa	3		3			1,421				7	2	9
PHA III	Blount						27	1		1	3		3
PHA III	Chilton			5			46						
PHA III	Jefferson	1	1	68			6,519	6	1	7	53	29	82
PHA III	St. Clair	5		12			43				1	1	2
PHA III	Shelby			5			42	1		1	1		1
PHA III	Walker						86				5	1	6
PHA IV	Calhoun	1		3			729	1		1	3	2	5
PHA IV	Chambers						137				1		1
PHA IV	Cherokee			1			14				1		1
PHA IV	Clay						57				1		1
PHA IV	Cleburne	7		11			8						
PHA IV	Coosa			2			26						
PHA IV	DeKalb	1		6			45				2		2
PHA IV	Etowah	1		8			307				3	3	6
PHA IV	Randolph						52				1		1
PHA IV	Talladega			1			336	1		1	4		4
PHA IV	Tallapoosa			12			83					1	1
PHA V	Autauga			7			58				3		3
PHA V	Barbour			2			68						
PHA V	Bullock			1			151					1	1
PHA V	Butler			4			47					2	2
PHA V	Coffee			7			85				1	1	2
PHA V	Covington			15			152				1		1
PHA V	Crenshaw			6			48				1	2	3
PHA V	Dale						156				2		2
PHA V	Elmore			7			75	1		1	2	1	3
PHA V	Geneva			13			18	2		2			
PHA V	Henry			7			34				1		1
PHA V	Houston			32			574		1	1	4	5	9
PHA V	Lee			32			425	2		2		2	2
PHA V	Lowndes			8			116						
PHA V	Macon			1			241					1	1
PHA V	Montgomery	3		38			3,364	2	1	3	17	19	36
PHA V	Pike			9			191					2	2
PHA V	Russell						216	1		1	1	2	3
PHA VI	Baldwin	4		47			154	5		5	10	1	11
PHA VI	Choctaw			3			29						
PHA VI	Clarke			2			74	1		1			
PHA VI	Conecuh			6			53				1	2	3
PHA VI	Dallas			15			697				1		1
PHA VI	Escambia			25			108	1		1	3		3
PHA VI	Marengo						36						
PHA VI	Mobile			708			3,698	14	1	15	81	53	134
PHA VI	Monroe			3			28				4	2	6
PHA VI	Perry						35						
PHA VI	Sumter						42						
PHA VI	Washington	1		17			40				2	2	4
PHA VI	Wilcox		1	9			184						

Total includes reports not stating race

TABLE 7-4 (continued)
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Hepatitis, Unspec.			Hepatitis, Non A, Non B			Histoplasmosis			Legionellosis		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State	11	4	15	64	12	76	22	12	55	5		5
PHA I	Colbert				1		1						
	Cullman												
	Franklin												
	Jackson				1		1						
	Lauderdale				3		3						
	Lawrence	2		2									
	Limestone												
	Madison				1	1	2			1			
	Marion				1		1						
	Marshall				6		6						
	Morgan				4		4						
	Winston												
PHA II	Bibb												
	Fayette												
	Greene								1	1			
	Hale												
	Lamar				1		1						
	Pickens								1	1			
	Tuscaloosa							2	2	8			
PHA III	Blount												
	Chilton												
	Jefferson	2		2	24	8	32	2	1	6	1		1
	St. Clair												
	Shelby	1		1									
	Walker				1		1				1		1
PHA IV	Calhoun				1		1			1	1		1
	Chambers									1			
	Cherokee				1		1						
	Clay												
	Cleburne												
	Coosa				1		1						
	DeKalb				1		1						
	Etowah				3		3	1		1			
	Randolph												
	Talladega				3		3						
	Tallapoosa				2	1	3						
PHA V	Autauga							1	1	2			
	Barbour												
	Bullock												
	Butler							1		1			
	Coffee												
	Covington												
	Crenshaw												
	Dale												
	Elmore												
	Geneva												
	Henry												
	Houston									1			
	Lee												
	Lowndes												
	Macon		1	1									
	Montgomery				4		4	12	6	25			
	Pike							1		1			
	Russell									1			
PHA VI	Baldwin										1		1
	Choctaw												
	Clarke												
	Conecuh												
	Dallas									1			
	Escambia												
	Marengo							1		1			
	Mobile	6	3	9	5	2	7	1		2	1		1
	Monroe												
	Perry												
	Sumter												
	Washington												
	Wilcox												

Total includes reports not stating race

TABLE 7-4 (continued)
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Leptospirosis			Malaria			Measles			Meningitis, Aseptic		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State	1		1	2	4	6			0	179	124	303
PHA I	Colbert										6		6
	Cullman										5		5
	Franklin												
	Jackson												
	Lauderdale										6		6
	Lawrence										3		3
	Limestone												
	Madison					2	2				2	4	6
	Marion											1	1
	Marshall										5		5
	Morgan										4	1	5
	Winston										1		1
PHA II	Bibb												
	Fayette												
	Greene												
	Hale												
	Lamar												
	Pickens										1		1
	Tuscaloosa										1		1
PHA III	Blount										3		3
	Chilton												
	Jefferson	1		1	1	1	2				72	61	133
	St. Clair										3		3
	Shelby										7	1	8
	Walker										4		4
PHA IV	Calhoun										1	2	3
	Chambers												
	Cherokee												
	Clay										1		1
	Cleburne												
	Coosa										1		1
	DeKalb												
	Etowah										4	1	5
	Randolph												
	Talladega										6		6
	Tallapoosa				1		1				2		2
PHA V	Autauga												
	Barbour												
	Bullock												
	Butler												
	Coffee										1		1
	Covington												
	Crenshaw												
	Dale												
	Elmore												
	Geneva												
	Henry												
	Houston										1		1
	Lee												
	Lowndes												
	Macon												
	Montgomery												
	Pike												
	Russell												
PHA VI	Baldwin												
	Choctaw												
	Clarke										2	3	5
	Conecuh												
	Dallas												
	Escambia												
	Marengo												
	Mobile					1	1				35	50	85
	Monroe												
	Perry												
	Sumter												
	Washington										2		2
	Wilcox												

Total includes reports not stating race.

TABLE 7-4 (continued)
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Meningococcal Meningitis			Mumps			Pertussis			Rabies in Animals		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State	19	9	28	2		2	15	15	30			124
PHA I	Colbert												4
	Cullman												
	Franklin												
	Jackson				1		1						1
	Lauderdale	2		2				1		1			
	Lawrence								1	1			
	Limestone												3
	Madison	1		1				4		4			2
	Marion												
	Marshall	1		1									
	Morgan	1		1				3	1	4			1
	Winston												
PHA II	Bibb												
	Fayette												
	Greene												
	Hale												
	Lamar												
	Pickens		1	1									
	Tuscaloosa												1
PHA III	Blount												1
	Chilton												
	Jefferson	2	4	6				3		3			1
	St. Clair	1		1									2
	Shelby	1		1									2
	Walker												
PHA IV	Calhoun		1	1									4
	Chambers												1
	Cherokee												
	Clay												
	Cleburne												1
	Coosa												
	DeKalb												
	Etowah	2	1	3									1
	Randolph												
	Talladega												
	Tallapoosa												2
PHA V	Autauga	1		1									1
	Barbour												1
	Bullock												5
	Butler							1		1			1
	Coffee												12
	Covington												1
	Crenshaw												3
	Dale								1	1			11
	Elmore	1		1									2
	Geneva												3
	Henry				1		1						6
	Houston	1	1	2									16
	Lee												2
	Lowndes												
	Macon												1
	Montgomery	2		2					1	1			15
	Pike												12
	Russell							1		1			1
PHA VI	Baldwin	1		1				1		1			
	Choctaw												
	Clarke												
	Conecuh												1
	Dallas												
	Escambia												1
	Marengo												
	Mobile	2	1	3				1	11	12			
	Monroe												
	Perry												
	Sumter												
	Washington												
	Wilcox												2

Total includes reports not stating race

TABLE 7-4 (continued)
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Reye Syndrome			Rocky Mt. Spotted Fever			Rubella			Salmonellosis		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State	2	1	3	12	4	16			0	29	9	740
PHA I	Colbert										2		20
	Cullman				1		1				1		5
	Franklin												
	Jackson												
	Lauderdale				1		1						4
	Lawrence												1
	Limestone				1		1						
	Madison				1		1				2		38
	Marion												2
	Marshall										1		1
	Morgan												13
	Winston												
PHA II	Bibb												
	Fayette												
	Greene		1	1		1	1						
	Hale												
	Lamar												
	Pickens					1	1						3
	Tuscaloosa												31
PHA III	Blount												
	Chilton												
	Jefferson										4	1	280
	St. Clair												
	Shelby										1		17
	Walker												2
PHA IV	Calhoun				2		2						8
	Chambers	1		1									3
	Cherokee												
	Clay												
	Cleburne										1		1
	Coosa											1	2
	DeKalb				1		1				1		1
	Etowah	1		1									15
	Randolph												
	Talladega												
	Tallapoosa												
PHA V	Autauga					1	1						1
	Barbour												1
	Bullock												
	Butler												
	Coffee												2
	Covington												3
	Crenshaw												
	Dale												1
	Elmore												
	Geneva												
	Henry												
	Houston												22
	Lee												1
	Lowndes												
	Macon												
	Montgomery				3		3					1	72
	Pike												1
	Russell												11
PHA VI	Baldwin											1	3
	Choctaw												
	Clarke												
	Conecuh										1		6
	Dallas												5
	Escambia												
	Marengo												
	Mobile				2	1	3				15	5	163
	Monroe												1
	Perry												
	Sumter												
	Washington												
	Wilcox												

Total includes reports not stating race

TABLE 7-4 (continued)
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Shigellosis			Syphilis			Tetanus			Tuberculosis		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State	14	9	153			1,375	1	1	2	252	279	531
PHA I	Colbert						1				6	2	8
	Cullman	1		1			3				13		13
	Franklin										1	1	2
	Jackson						1				8	1	9
	Lauderdale						2				6	2	8
	Lawrence										6	1	7
	Limestone						11				6	1	7
	Madison		1	8			18				18	17	35
	Marion										6	1	7
	Marshall	1		1			4				18	1	19
	Morgan			1			6				2	4	6
	Winston						1				3		3
PHA II	Bibb						2				1		1
	Fayette						1				2		2
	Greene						1					3	3
	Hale											3	3
	Lamar										2	1	3
	Pickens						9				1	6	7
	Tuscaloosa			3			19				3	18	21
PHA III	Blount										6		6
	Chilton						4				3	1	4
	Jefferson	4	1	49			352	1		1	28	52	80
	St. Clair	1		1			4				8	2	10
	Shelby	1	1	39			10				2	1	3
	Walker		1	1			10				4	1	5
PHA IV	Calhoun			1			19				16	9	25
	Chambers						2				1	2	3
	Cherokee										6		6
	Clay						3						
	Cleburne												
	Coosa						1						
	DeKalb						1				6	2	8
	Etowah						29				19	10	29
	Randolph						2				2		2
	Talladega						18				5	5	10
	Tallapoosa						15					2	2
PHA V	Autauga						19				1	1	2
	Barbour						2					3	3
	Bullock						4					2	2
	Butler						2				1	4	5
	Coffee						24					1	1
	Covington						5				2		2
	Crenshaw												
	Dale						4					1	1
	Elmore						17				1	1	2
	Geneva						8				1		1
	Henry												
	Houston	1		2			5				3	3	6
	Lee						7				1	12	13
	Lowndes						9					1	1
	Macon						12					3	3
	Montgomery	1	1	28			179				4	25	29
	Pike						4				2	2	4
	Russell						21				2	1	3
PHA VI	Baldwin						26				3	2	5
	Choctaw		1	4			4					1	1
	Clarke						2				1	1	2
	Conecuh											2	2
	Dallas						50				1	18	19
	Escambia						24				3	5	8
	Marengo						15					2	2
	Mobile	4	3	14			348		1	1	16	28	44
	Monroe						7					5	5
	Perry						4				1		1
	Sumter						19				1	4	5
	Washington												
	Wilcox						5					2	2

Total includes reports not stating race

TABLE 7-4 (continued)
COMMUNICABLE DISEASE MORBIDITY BY COUNTY AND RACE
1985

		Typhoid Fever			Typhus, Murine			Diphtheria			Poliomyelitis		
		White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total	White	Nonwhite	Total
	Entire State	1		2			0			0			0
PHA I	Colbert												
	Cullman			1									
	Franklin												
	Jackson												
	Lauderdale												
	Lawrence												
	Limestone												
	Madison												
	Marion												
	Marshall												
	Morgan												
	Winston												
PHA II	Bibb												
	Fayette												
	Greene												
	Hale												
	Lamar												
	Pickens												
	Tuscaloosa												
PHA III	Blount												
	Chilton												
	Jefferson	1		1									
	St. Clair												
	Shelby												
	Walker												
PHA IV	Calhoun												
	Chambers												
	Cherokee												
	Clay												
	Cleburne												
	Coosa												
	DeKalb												
	Etowah												
	Randolph												
	Talladega												
	Tallapoosa												
PHA V	Autauga												
	Barbour												
	Bullock												
	Butler												
	Coffee												
	Covington												
	Crenshaw												
	Dale												
	Elmore												
	Geneva												
	Henry												
	Houston												
	Lee												
	Lowndes												
	Macon												
	Montgomery												
	Pike												
	Russell												
PHA VI	Baldwin												
	Choctaw												
	Clarke												
	Conecuh												
	Dallas												
	Escambia												
	Marengo												
	Mobile												
	Monroe												
	Perry												
	Sumter												
	Washington												
	Wilcox												

Total includes reports not stating race

TABLE 7-5
DISEASE INCIDENCE BY AGE GROUPS
1985

AGE GROUP	Amebiasis					Brucellosis					Campylobacterosis					Encephalitis					Giardiasis				
	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL
	M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F	
0- 4											12	9	4	5	30	2		2		4	14	10		1	25
5- 9											3	1			4	1		3	1	5	3	3			6
10-14						1				1	2		1	2	5							1			1
15-19												1		2	3			1		1	1				1
20-24											7	2	2		11						2				2
25-34											6	11		1	18	1				1	4	5			9
35-44								1		1	4		1		5		1			1	2	4			6
45-54											2				2		2			2				1	1
55-64											3				3										
65-74											2	2			4				1	1	1	2			3
75+												3			3										
N.S.																									
TOTAL BY RACE						1		1			70		18			7		8			52		2		
TOTAL						2					88					15					54				
UNCLASSIFIED	6										21										1,297				
GRAND TOTAL	6					2					109					15					1,351				

TABLE 7-5 (continued)
DISEASE INCIDENCE BY AGE GROUPS
1985

AGE GROUP	Hepatitis A					Hepatitis B					Hepatitis, Unspec.					Hepatitis, Non A, Non B					Leptospirosis				
	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL
	M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F	
0- 4	1	2		1	4	12	7	7	3	29	1			1	2		1			1					
5- 9	1	1			2		1	1	2	4															
10-14	1	2			3	1	4	3	1	9	2				2										
15-19	3	1	1		5	6	15	7	11	39						1	2	1	1	5					
20-24	5	1			6	51	30	21	16	118	1				1	9	7	1	1	18					
25-34	11	8	1		20	56	38	22	19	135	2	1		1	4	4	6	1	3	14					
35-44	5	1			6	31	12	17	7	67		1			1	7	4	1	1	13					
45-54		1		1	2	11	15	2	9	37		1	1		2	1	3		1	5					
55-64		2			2	11	8	3	2	24	1			1	2	5	4		1	10	1				1
65-74		1		1	2	7	7	2		16		1			1	3	3			6					
75+						2	3	1	1	7						2	2			4					
N.S.																									
TOTAL BY RACE	47		5			328		157			11		4			64		12			1				
TOTAL	52					485					15					76					1				
UNCLASSI-FIED						2																			
GRAND TOTAL	52					487					15					76					1				

TABLE 7-5 (continued)
DISEASE INCIDENCE BY AGE GROUPS
1985

AGE GROUP	Histoplasmosis					Legionellosis					Measles					Mumps					Pertussis				
	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL
	M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F	
Under 1																					4	4	9	4	21
1																					3				3
2																					1				1
3																1				1			1		1
4																									
5																									
6				1	1																				
7																									
8																									
9																									
10																									
11		1			1																				
12																1				1					
13																									
14			1		1																				
15-19	2			1	3																				
20-24																									
25-34	2	2	2	1	7																				
35-44	4	1	2	1	8																				
45-54	2				2	2				2															
55-64	1	2			3																				
65-74	2	1	1	1	5	1	1			2															
75+			1		1		1			1															
N.S.		2			2																1	2		1	4
TOTAL BY RACE	22		12			5										2					15		15		
TOTAL	34					5										2					30				
UNCLASSIFIED	21																								
GRAND TOTAL	55					5					0					2					30				

TABLE 7-5 (continued)
DISEASE INCIDENCE BY AGE GROUPS
1985

AGE GROUP	Malaria					Meningitis, Aseptic					Meningococcal Meningitis					Reye Syndrome					Rocky Mt. Spotted Fever				
	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL
	M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F	
0- 4						55	44	38	31	168	6	4	2	2	14	1			1	2	2				2
5- 9			1		1	13	8	9	2	32		1		1	2						3		1		4
10-14						6		5	7	18				1	1	1				1			1		1
15-19				1	1	7	6	3	2	18			1	1	2										
20-24	1				1	4	6	5	4	19	1				1										
25-34						9	9	3	9	30														1	1
35-44	1		1	1	3	4	4	1	1	10		3			3						1	1			2
45-54							1	1	1	3	1				1						3				3
55-64						2	1			3		1	1		2										
65-74								1	1	2	1	1			2						1	1	1		3
75+																									
N.S.																									
TOTAL BY RACE	2		4			179		124			19		9			2		1			12		4		
TOTAL	6					303					28					3					16				
UNCLASSIFIED																									
GRAND TOTAL	6					303					28					3					16				

TABLE 7-5 (continued)
DISEASE INCIDENCE BY AGE GROUPS
1985

AGE GROUP	Rubella					Salmonellosis					Shigellosis					Tetanus					Tuberculosis				
	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL
	M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F	
0- 4						6	1	2	4	13	2	6	5		13						2	2	4	5	13
5- 9												3	1	2	6									1	1
10-14						1		1		2	1				1							1			1
15-19																							3	2	5
20-24							1			1		2		1	3						3	3		5	11
25-34						5	2			7											8	3	20	12	43
35-44						1	1			2											15	7	31	11	64
45-54						1	2			3											25	6	30	9	70
55-64						2		1		3											35	8	30	14	87
65-74						3	1			4											51	20	33	13	117
75+						1	1		1	3							1		1	2	31	32	40	16	119
N.S.																									
TOTAL BY RACE						29		9			14		9			1		1			252		279		
TOTAL						38					23					2					531				
UNCLASSIFIED						702					130														
GRAND TOTAL					0	740					153					2					531				

TABLE 7-5 (continued)
DISEASE INCIDENCE BY AGE GROUPS
1985

AGE GROUP	Typhoid Fever					Typhus, Murine					Diphtheria					Poliomyelitis					Psittacosis				
	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL	WHITE		NONWHITE		TOTAL
	M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F		M	F	M	F	
0- 4																									
5- 9																									
10-14																									
15-19																									
20-24																									
25-34																									
35-44																									
45-54																									
55-64		1			1																				
65-74																									
75+																									
N.S.																									
TOTAL BY RACE	1																								
TOTAL																									
UNCLASSIFIED			1																						
GRAND TOTAL			2					0					0					0					0		

Family Health Administration

FAMILY HEALTH ADMINISTRATION

The Family Health Administration during 1985 continued to provide the necessary administrative and programmatic support for all its programs; however, many additional activities and priorities were supported. Early in the year the Family Health Administration began to prepare for a major focus on integrated clinics by beginning the planning process with a meeting of all Family Health Administration area team members and assistant state health officers. During this meeting, the revised protocols for reproductive health were disseminated, as well as revised county plan and area budget forms. The main focus of the meeting was on the integration of services at the local level, with problem solving discussions held on the issues surrounding planning, allocating resources, and administration of integrated clinics.

After the local planning process had been completed during June and July, the director, administrative director and all program directors met with each assistant state health officer and the area team to approve budgets and plans, and to further emphasize the integrated clinic concept. The director required the implementation of integrated clinics for Family Health Administration programs by the end of fiscal year 1986 or funding would be reallocated.

The director was invited to speak on several occasions during the year, one of the most notable being a presentation of the Family Health Administration resource allocation process at the Regional Maternal Child Health/Crippled Children Services Conference at Chapel Hill, North Carolina. The presentation covered the county plan, area budget, and monitoring based on full-time equivalent staff per activity, past performance, and the achievement of planned objectives. Several states have requested copies of the documents and the description of the process.

Another important priority this year was the coordination of programs with primary care projects across the state. This also was emphasized during the county plan process. Several projects added WIC services and coordinated referrals for other services in an attempt to increase access and target services to the in-need population.

The administrative director was elected president of the Alabama Rural Health Association during 1985, therefore adding additional priorities of coordination, cooperation and coalition building. This will not only enhance services, but will support the activities of the agreement between the Alabama Department of Public Health, primary care projects and the federal government.

The director participated in the establishment of a

Region IV network for data management and utilization and serves on the editorial board of the *Network News,* a regional newsletter containing important information for maternal and child health managers. Alabama has participated by providing articles and assisting in the planning of a Region IV data book.

Title V, the original legislation authorizing Maternal and Child Health and Crippled Children's Services in America, began on August 14, 1935. In Alabama, the fiftieth anniversary of this act was celebrated officially by Family Health Administration on December 5 in Birmingham with representatives from Washington, Atlanta and across the state. The Alabama Perinatal Association and the Alabama Council on Maternal and Child Health cosponsored the event. State legislators were on hand to assist in the celebration, as well as several state agency representatives.

The Family Health Administration began work on a consolidated policy and procedures manual for administration of all programs. This manual replaces separate program manuals and reinforces the concept of program integration. Expected completion is early 1986.

Work on consolidated data manual and nutrition protocols was also begun in 1985. The definition of Family Health Administration integrated clinic concept was of course included in the Family Health Administration Policy and Procedures Manual, and is also now included in all patient care protocols.

The priorities of Family Health Administration during 1985 were in part shaped by national priorities, limited resources, state priorities such as integrated clinics, and by local needs and concerns. The major focus of program efforts remains to direct comprehensive services to meet the patients' needs, not only as efficiently as possible, but effectively as well, so that the administration's goal—to improve the health of women and children—is achieved.

BUREAU OF MANAGEMENT INFORMATION SYSTEMS

The primary functions of the bureau are to maintain and monitor the patient reporting systems of the Family Health Administration, and to provide for the data needs of the various programs within the Family Health Administration.

During fiscal year 1985 the bureau worked closely with the Bureau of Health Data Systems in the redesign of the Family Health Administration's patient reporting systems. The new system will be implemented in October 1986, and will feature a single data input document for use by all programs with Family Health Administration.

Conversion and testing of the South Carolina vendor monitoring subsystem to be compatible with the Alabama data system was successfully completed during the third quarter of the fiscal year, with fine tuning continuing through September. This subsystem provides the food delivery system director with 10 reports for use in detecting vendor abuse. The reports rank the vendors with the most errors or problems at the top, thus saving many man-hours of time that can them be put to use in monitoring those vendors.

Prior to this conversion, the reports generated by the system were not helpful in detecting vendor abuse. The entire conversion project took approximately 16 months to complete.

Several existing programs were revised to allow the user to better utilize the reports generated. These were the dual participation report; manual voucher register; vendor master lists; enrollment by priority and WIC status.

In addition, a WIC Data System Documentation Manual was created which will assist both Health Data and administration staff when modifications to programs or reports are needed in the future.

Also, during 1985 the bureau worked closely with Mobile and Jefferson counties' systems redesign to ensure compatibility with the state system. Other activities during 1985 included providing technical assistance for area programs; providing training for clinic personnel regarding the patient reporting systems; and developing data/statistical publications.

BUREAU OF PLANNING AND DEVELOPMENT

The Bureau of Planning and Development is setting goals and objectives which will be compatible with the

mission of the Family Health Administration. The bureau is responsible for developing and establishing effective outreach of all programs in Family Health Administration, assisting in the development of the state Family Health Administration program plans, submitting reports, drafting required grant applications, and coordinating Family Health Administration activities with agencies outside the health department.

This bureau has responsibility for staff support and liaison with the Alabama Advisory Council on Maternal and Child Health. This council meets quarterly and makes recommendations for the delivery of health services to Alabama's mothers and babies through perinatal, family planning, maternity, well child and WIC nutrition programs.

This bureau also has responsibility for staff support and liaison with two other advisory councils concerned with programs in the Family Health Administration. The State Perinatal Advisory Committee in quarterly meetings determines through its regional advisory committees how and where perinatal appropriations from the Special Education Trust Fund will be spent in health services and follow-up evaluations of mothers and infants, as well as in the provision of professional training for hospital staffs providing perinatal services.

The other advisory council under the staff support and liaison umbrella of this bureau is the Alabama Cancer Coordinating Council. This is a body of some 20 physicians and three lay persons who share a vested interest in what is happening around Alabama in the areas of cancer; whether in research, screening, diagnosis and treatment, public issues or professional and public education. This council meets three times each year to discuss and deliberate on matters of mutual concern, to share information, and to coordinate all cancer activities in the state of Alabama.

BUREAU OF QUALITY ASSURANCE

The Bureau of Quality Assurance is responsible for determining the quality of care provided in all Family Health Administration programs statewide and for verifying that each county program is providing services which are in compliance with federal and state regulations, guidelines and standards of care. The ultimate goal is to improve the efficiency of the clinics, the effectiveness of the programs, and the quality of care provided to clients.

On-site evaluations are made by a quality assurance team, which is usually composed of an administrator, a nurse and a nutritionist. The bureau is also responsible for developing protocols, coordinating nutrition services and providing training.

During fiscal year 1985 on-site evaluations were conducted in 19 counties and in two independent agencies. Programs evaluated included 12 maternity programs, 13 child health programs, 14 family planning programs, 19 WIC programs and 4 cancer detection programs.

A new Reproductive Health Protocol Manual was developed by the bureau in fiscal year 1985. The manual will be utilized by the clinic staff to assist in their efforts to serve patients more efficiently. In fiscal year 1986 new protocol manuals will be developed for maternity, well child and nutrition services.

As a basis for training, a statewide needs assessment was conducted for all Family Health Administration programs. In response to training needs identified on the assessment, 33 training programs were conducted including 27 workshops specifically for family planning staff, 2 programs specifically for WIC nurses and nutritionists, 4 programs of a supervisory nature for area and state level staff and 2 additional in-service training sessions for state level staff. Six nurse practitioners were involved in training in the jet wash component of the Cancer Detection Program.

BUREAU OF RESOURCE MANAGEMENT

The goal of the Bureau of Resource Management is to provide the Family Health Administration director with financial data on a systematic basis to be utilized for more effective program management.

During fiscal year 1985, the Bureau of Resource Management revised budget and personnel forms used in the Program Planning and Monitoring charts, streamlined the budget and revision process, and revised the application process for vendors participating in the WIC Program.

The Food Delivery Section implemented new procedures that require price surveys be submitted quarterly by vendors participating in the WIC Program. A new system for vendor monitoring to determine fraud and abuse and/or potential fraud and abuse, was initiated and tested during fiscal year 1985. The Food Delivery Section also revised the WIC Vendor Handbook, the Weekly Food Price Sheet, the Participant Vendor Questionnaire and the Store Monitoring Guide.

The Bureau of Resource Management provided, as needed, technical assistance to Family Health Adminstration program directors and area administrators.

Cancer Detection

The Cancer Detection Program screens asymptomatic females 35 years of age and older to detect cancer. Nurses examine patients for cervical cancer using the Pap smear and for endometrial cancer via the Gravlee Jet Washer. Breast examinations, coupled with instruction in breast self-examination, are performed by the nurses to detect breast abnormalities. Patients having abnormal tests are referred to private physicians for appropriate diagnostic evaluations, treatment and follow-up. These activities are monitored by the clinic nurses to assure patient cooperation and proper medical conclusions.

TABLE 8-1
STATEWIDE PATIENT ACTIVITY
FISCAL YEAR 1985

Area	Family Planning		Maternity		Well Child		Cancer Detection		EPSDT		WIC
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits	Patients
PHA I	12,145	29,252	1,049	5,565	4,723	10,943	2,348	2,455	3,048	3,107	17,866
PHA II	5,266	14,099	1,266	8,046	1,871	3,803	869	927	2,032	2,095	7,284
PHA III	22,005	58,398	6,412	37,870	33,510	70,847	1,551	1,645	7,039	7,059	31,604
PHA IV	9,603	23,532	1,785	9,438	3,472	6,840	3,523	3,753	2,625	2,670	15,265
PHA V	18,850	46,043	3,436	16,027	6,441	13,747	4,731	5,008	5,414	5,512	31,484
PHA VI	15,471	39,124	4,407	22,708	4,395	8,604	2,835	3,016	6,847	6,971	30,815
STATE	83,340	210,448	18,355	99,654	54,412	114,784	15,857	16,804	27,005	27,414	134,318
Area II w/o Hale	4,699	12,502	1,266	8,046	1,754	3,608	718	770	2,020	2,083	6,118
Area III w/o Jefferson	5,539	15,842	1,153	6,625	1,502	2,938	1,551	1,645	1,168	1,188	7,535
Area VI w/o Mobile	9,572	27,481	1,997	9,551	2,070	4,686	2,516	2,688	5,029	5,094	19,935

The number of clinic sites providing cancer screening and follow-up services increased from 53 sites during fiscal year 1984 to 67 during fiscal year 1985. The Cancer Detection Program provided 15,857 patients with these services during 1985.

Family Planning

The Statewide Family Planning Program continued its screening/preventive services during fiscal year 1985 with its patients receiving many primary health services in the program's clinics in each county throughout the state.

It has been demonstrated that family planning services are not available to all who want and need them. The statewide program is providing medical family planning services to medically indigent and to low-income individuals who experience difficulty in securing and utilizing these services because of economic barriers. The same economic conditions, which have led to more cautious and reduced federal and state spending, have also led to an increased demand for family planning services.

Every effort continues to be made to increase program efficiency and to decrease program cost. Alabama continues to have the lowest "total cost per patient served" in the Department of Health and Human Services, Region IV. During fiscal year 1985 $4,548,752 was allocated to the six public health areas, Mobile and Jefferson counties, to operate family planning clinics. At this level of funding the program was able to serve 33 percent of the target population in need of subsidized family planning services. To be able to meet 50 percent of the need would take an estimated additional $2,351,000.

As in prior years each dollar spent on family planning services yields a savings of at least two dollars on first year health and welfare costs. For adolescents, over three dollars are saved for each dollar spent.

During fiscal year 1985 the local clinic programs provided services to 83,340 individuals in 210,448 clinic visits. The following services were provided: 72,093 Pap smears; 79,757 bimanual pelvic examinations; 68,155 breast exams for cancer with instructions in breast self-examinations; 204,238 blood pressure determinations; 8,535 pregnancy tests; 32,522 syphilis tests; 75,284 gonorrhea cultures; 61,949 urine tests for sugar and acetone; 58,657 hemoglobin or hematocrits; 7,834 sickle cell tests. In addition there were 11,927 referrals to private physicians for suspected related medical problems. Referrals to social service agencies, infertility counseling, referral and follow-up services were also provided.

Family planning services continue to be provided with confidentiality and dignity for the patient by clinic staff devoted to providing and promoting total health care in Alabama.

Maternal and Child Health

The purpose of the Maternal and Child Health Program is to assure that mothers and children have access to quality health care so that infant mortality, preventable diseases and handicapping conditions among children are reduced. Services are targeted to the medically indigent population

in Alabama. These services focus on providing preventive services for children, and on prenatal and postpartum care for women.

TABLE 8-2
MATERNITY CARE
FISCAL YEAR 1985

Areas	Patients Served
PHA I	1,049
PHA II	1,266
PHA III	6,412
PHA IV	1,785
PHA V	3,436
PHA VI	4,407
STATE	18,355

In fiscal year 1985 the Maternal and Child Health Program provided health care for 18,355 pregnant women in 49 county health departments across the state. These comprise approximately 32 percent of all women in Alabama who had babies during 1985. A total of 99,654 prenatal visits were made to local public health clinics. Of these women, 31 percent were seen during the first trimester, and 10 percent were seen in the third trimester.

Well child services were provided to 54,412 children. Of this number, 18,811 were infants, and 35,601 were from 1 to 4 years of age. The number served in each public health area is given in the following table. These patients made a total of 114,784 visits to clinics in county health departments.

TABLE 8-3
WELL CHILD SERVICES
FISCAL YEAR 1985

Areas	Patients Served
PHA I	4,723
PHA II	1,871
PHA III	33,510
PHA IV	3,472
PHA V	6,441
PHA VI	4,395
STATE	54,412

Perinatal

Along with other Family Health Administration programs, this activity proposes to reduce maternal and infant mortality and handicapping conditions. The Alabama Legislature appropriated $870,877 for the Perinatal Program to use throughout the state. Eighteen perinatal projects were coordinated through the State Perinatal Advisory Committee. These projects provided follow-up evaluation and health services for mothers and infants. The projects also provided quarterly professional training for staffs of all hospitals which provided perinatal services.

During fiscal year 1985 this program activity provided inpatient or outpatient hospital care for 3,781 infants. Among these there were 3,034 infants who received follow-up assessments and evaluations. In addition 262 women were provided delivery services.

Professional training was provided in 110 different hospitals throughout Alabama for 5,583 professionals and hospital staff members through these perinatal funds during fiscal year 1985.

WIC

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is administered by the Family Health Administration and funded by the United States Department of Agriculture. All county health departments except one conducted WIC programs. Lowndes County citizens are served by the Lowndes County Health Services Incorporated.

The WIC program in Alabama provided supplemental food to 134,318 individuals during fiscal year 1985. A total of 37,416 women, 30,393 infants and 66,509 children were served during the year. The average total monthly participation was 71,373 with each participant receiving an average of $29.76 worth of food. Over 826,000 visits were made by participants to WIC clinics.

TABLE 8-4
WIC SERVICES
FISCAL YEAR 1985

Areas	Patients Served
PHA I	17,866
PHA II	7,284
PHA III	31,604
PHA IV	15,265
PHA V	31,484
PHA VI	30,815
STATE	134,318

All priorities were served during the year and no limitations were placed on local agencies as to the number of individuals who could be served.

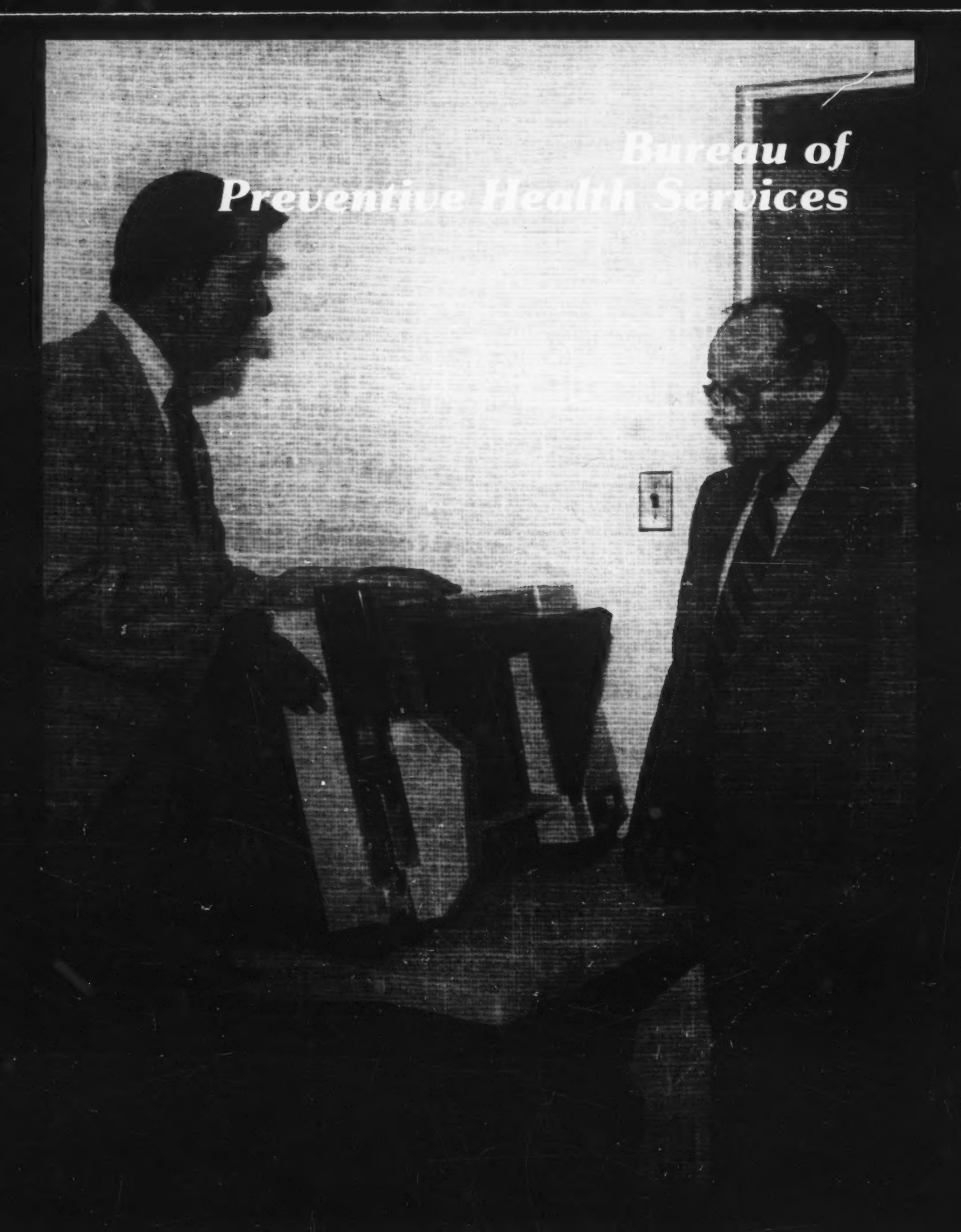
Applicants must meet income criteria and must be at a risk of developing health problems. They are evaluated by physicians, nutritionists or nurses to determine if they are at nutritional risk. The criteria for determining this include risk of iron deficiency anemia, inappropriate growth or weight gain, complications during a previous pregnancy, nutrition-related medical conditions and inappropriate dietary patterns. If applicants meet all nutritional risk criteria and fall within income guidelines, they are certified to participate in the program.

Participants receive foods which are high in the nutrients needed by pregnant and nursing women, infants and children. These include such foods as iron fortified infant formula, iron fortified cereal, juices high in ascorbic acid, milk, eggs, cheese and peanut butter. These foods help provide the nutrients essential during early development and growth and supplement other foods purchased by the participant to complete the diet. Participants are referred to appropriate public health clinics or private providers for the health care they need. One of the major contributions of the WIC program is that it draws participants into the health care system.

In the local program areas, nutritionists and nurses provide the mandated nutrition education component of the WIC program. These staff members discuss the nutritional needs of the participants and the supplemental foods as a means of meeting these needs. They provide information on the best use of the foods and explain the importance of health care. Nutrition education encounters for fiscal year 1985 number approximately 251,000. These represent both individual and group encounters.

The state and area nutrition plans of WIC emphasize the assessment of needs in the local programs and the development of strategies to meet the identified needs. In 1985 two workshops were held to update the local professionals. One was the development of nutrition teaching modules. The other was devoted to meeting needs determined through an assessment process. Topics covered included the services provided by Crippled Children's Service, special nutritional needs of low birth weight children, special formula needs of high risk children, and meeting the nutritional needs of the chronically ill and handicapped child. There continues to be a commitment to increasing the incidence of breastfeeding among health department clients.

The program has contacts with more than 900 grocery stores and has developed a vendor fraud detection unit in order to detect and determine the extent of fraud, waste and abuse. Compliance buys are being made when indicated and violators are being sanctioned based on a newly developed disqualification point system.


Bureau of
Preventive Health Services

BUREAU OF PREVENTIVE HEALTH SERVICES

Division of Hypertension

High blood pressure is one of Alabama's major public health problems. An estimated 485,000 Alabamians are at increased risk of stroke, heart attack and kidney disease due to elevated blood pressures.

Studies show that these high blood pressure-related risks increase continuously as blood pressure rises. Although high blood pressure is most often treated with pharmacologic agents, hypertensives can help the effectiveness of their medication by losing weight, reducing salt intake and moderating alcohol intake. Hypertensives may further reduce their risk of cardiovascular disease by decreasing tobacco use. Such risk factor reduction promotion activities were a central focus for fiscal year 1985.

National High Blood Pressure Month in May 1985, marked the 11th year for both the national campaign and the Alabama Department of Public Health's Hypertension Division activities. The National High Blood Pressure Education Program under the auspices of the National Heart, Lung and Blood Institute, is a nationwide campaign to educate health professionals, hypertensive individuals and the general public about advances in high blood pressure control. What the National High Blood Pressure Education Program is on the national level, the Alabama High Blood Pressure Control Program is on the state level.

Continued promotion of blood pressure control advances, education and awareness through support to county health departments, was emphasized in fiscal year 1985. One of the initiatives was a mailing of the 35-page Report of the Joint National Committee on Detection, Evaluation and Treatment of High Blood Pressure to each county health unit. As a companion piece, the program developed a slide/tape presentation of the report and made it available for loan. Later, copies of the report were made available to any physician in the state through a notice printed in the *Alabama M.D.*

Prior to May the program mailed cover letters and High Blood Pressure Month Kits to each health department. These kits are full of resources to enable counties to heighten awareness. They contain media releases, fact sheets, reproducible pamphlets, posters and order forms to secure free materials.

During May the key event each year is the statewide hypertension conference. The eighth annual conference was held in Montgomery. The meeting theme was "Practical Aspects of High Blood Pressure Control." More than 140 professionals attended including physicians, pharmacists, nurses, dietitians, health educators and others.

During fiscal year 1985, the program also participated in the "For Your Information" radio program format where multiple copies of a taped interview were produced and aired on several radio stations across the state. Other important activities included working conferences concerning rural high blood pressure and one focusing on the media. During the meeting concerning the problem in rural areas, the Alabama program was invited by the National High Blood Pressure Education Program to help plan future regional and state workshops on rural hypertension control. In the meeting regarding the media, plans for individual states to coordinate radio and television public service announcement campaigns were finalized. As a result, twice each year public service announcements will be locally delivered to every television and radio station in Alabama, which will carry a state and local identification.

As the year drew to an end, final plans were being developed for the program to sponsor a statewide workshop titled "Making the Media Work For You." Highlighting the program's public service efforts was a plaque awarded by the Heart Association for "Outstanding Service in the Heart Health Education of the Young."

With risk reduction activities being an important program focus, it was fortunate that the division was asked to chair the General Health Promotion Subcommittee of the State Health Department's Health Promotion Worksite Task Force. Two significant responsibilities the program undertook were to coordinate the Employee Health Fair, and the department's quarterly *Quality Living Infomemo*. During the two-and-one-half hour fair, more than 175 employees visited 17 booths which included blood pressure measurement, smoking cessation, nutrition, stress, alcohol/drug abuse, health risk appraisal and many others. The first *Quality Living Infomemo* was distributed in July, with the second edition ready to print as the year ended.

The Hypertension Division has five statewide performance measures, not including cost data. The first measure was a goal to screen 16,954 unduplicated individuals. Statewide, 118 percent of the goal was reached, however, large variations continue to exist between areas. Areas reporting ranged from 9 percent to 45 percent of goal.

The second measure is a goal to refer 3,136 people or 18.5 percent of the goal set for unduplicated screenees. Again, the statewide goal was exceeded when 4,372 were actually referred.

Another target set was to provide hypertension services in 70,761 total visits. The number of visits reached was 86,269 or 22 percent above the goal.

In order to facilitate better coordination and communication, each area was asked to designate a memorandum to a hypertension resource nurse for each county. Only 70 percent of goal was reached with 47 nurses being designated.

In a final measure called optimal performance the program obtained 12 percent of the goal to screen 169,536

in-need citizens each year. Of those areas reporting, the range was from 1 percent to 46 percent.

Data for these measures in 1985 represent a significant increase over fiscal year 1984.

Since fiscal year 1981 10 counties remain the limit where comprehensive high blood pressure control medication programs for the needy have been offered.

During fiscal year 1985, several data categories exceeded the year before. Noteworthy is the increase in referrals and newly detected hypertensives. Referrals increased by 886 or 43 percent, and newly detected hypertensives increased by 210 or 83 percent. Newly detected hypertensives are those individuals found with elevated pressures who have never previously been told they have the condition.

Visits by patients on program medication increased from 16,577 to 17,313, although the average number of patient visits per year fell slightly from 6.8 to 6.3. The number of controlled visits fell slightly to 12,190, and the control rate dropped from 74.9 percent to 70.4 percent, which is a cause for some concern. Reasons for this drop can only be surmised. Possible causes are the inability of the program to afford a beta blocker and intermittent medication shortages caused by budget constraints.

The total number of client contacts increased from 39,250 visits to 41,087, and the percentage of blacks screened increased in a positive direction from 27.9 to 28.5.

As fiscal year 1985 came to an end, several new initiatives had begun. Of these initiatives, the most beneficial may prove to be the groundwork established for future biannual public service announcements on radio and television throughout the state.

Division of Immunization

Occurrence of vaccine-preventable diseases in Alabama was at an all time low in 1985, with the exception of pertussis. Table 9-1 compares 1985 disease incidence with disease incidence over the five preceding years.

The increase in pertussis morbidity is probably the result of several interrelated factors, although relationships cannot be scientifically established. First, the adverse publicity about the pertussis component of DTP (diphtheria, tetanus and pertussis) vaccine may have made some parents overcautious about their children being immunized against pertussis. Second, DTP vaccine prices were increased dramatically to cover manufacturers' increased liability insurance costs. Third, DTP vaccine became scarce late in 1984 as one of the two manufacturers in the country ceased DTP vaccine production. Since 1982, the year the adverse DTP publicity was first broadcast, the average doses of DTP vaccine administered statewide in county

health department clinics have been declining slightly but steadily. Parents may be waiting until their children are school age before having them completely immunized. Most of the 30 cases of pertussis confirmed in 1985 occurred in unimmunized or incompletely immunized infants and toddlers.

A case definition for pertussis, developed as a cooperative effort of the Division of Immunization, Bureau of Epidemiology and Consultation, and the Clinical Laboratory Administration, has enhanced efforts to monitor occurrence of this viral disease within the state. Alabama is one of the first states in the nation to develop and use a case definition for pertussis.

Table 9-2 reflects vaccine usage levels for the 10 year period 1976-1985. Overall usage has dropped, possibly indicating success in reaching pools of susceptibles among the older cohorts.

TABLE 9-1
VACCINE PREVENTABLE
DISEASE ACTIVITY
1980-1985

	1980	1981	1982	1983	1984	1985
Measles	22	2	2	5	3	0
Mumps	36	19	10	2	6	0
Rubella	3	1	0	1	3	0
Diphtheria	0	0	0	0	0	0
Tetanus	4	2	6	3	2	1
Pertussis	3	0	5	5	2	30
Polio	0	0	0	0	0	0

TABLE 9-2
VACCINE USAGE
1976-1985

Year	Diphtheria	Tetanus	Pertussis	Polio	Measles	Rubella	Mumps
1976	183,982	196,174	154,401	173,260	43,299	43,535	0
1977	202,468	213,344	172,820	191,293	45,247	42,939	15,053
1978	321,452	333,889	164,901	336,955	125,833	64,322	219,676
1979	208,248	208,248	155,379	160,466	79,862	61,844	96,263
1980	356,499	356,499	175,325	311,826	152,989	161,307	219,731
1981	187,738	187,738	156,600	183,040	42,759	43,889	46,494
1982	184,378	184,378	159,521	175,536	42,311	42,608	42,908
1983	184,825	184,825	158,924	167,593	40,310	41,017	40,963
1984	177,076	177,076	154,853	157,725	39,673	40,168	40,168
1985	156,814	156,814	108,511	139,831	34,896	35,066	34,682

Table 9-3 shows the immunization levels among those preschool-aged children attending the state's more than

TABLE 9-3
SCHOOL ENTRANCE IMMUNIZATION SURVEY
1985

County	Public and Private		
	Enroll-ment	Number with IMM-50	Percent with IMM-50
PHA I			
Colbert	9,772	9,648	98.73
Cullman	11,777	11,526	97.79
Franklin	5,553	5,466	98.43
Jackson	8,417	8,353	99.24
Lauderdale	15,391	15,276	99.25
Lawrence	5,487	5,468	99.65
Limestone	10,221	10,020	98.03
Madison	40,542	39,971	98.59
Marion	6,234	6,152	98.68
Marshall	11,932	11,715	98.18
Morgan	19,343	19,195	99.23
Winston	4,691	4,570	97.42
Total	149,360	147,360	98.66
PHA II			
Bibb	3,229	3,214	99.54
Fayette	2,966	2,948	99.39
Greene	2,580	2,564	99.38
Hale	3,371	3,367	99.88
Lamar	3,433	3,390	98.75
Pickens	4,521	4,515	99.87
Tuscaloosa	25,555	25,355	99.22
Total	45,655	45,353	99.34
PHA III			
Jefferson	116,804	114,422	97.96
PHA III			
Blount	7,360	7,295	99.12
Chilton	6,357	6,198	97.50
St. Clair	6,213	6,000	96.57
Shelby	13,892	13,594	97.85
Walker	9,757	9,552	97.90
Total	43,579	42,639	97.84
PHA IV			
Calhoun	22,297	22,106	99.14
Chambers	8,264	8,245	99.77
Cherokee	3,821	3,731	97.64
Clay	2,753	2,734	99.31
Cleburne	2,354	2,346	99.66
Coosa	2,080	2,078	99.90

TABLE 9-3 (continued)
SCHOOL ENTRANCE IMMUNIZATION SURVEY
1985

County	Public and Private		
	Enroll-ment	Number with IMM-50	Percent with IMM-50
PHA IV (continued)			
DeKalb	10,686	10,520	98.45
Etowah	19,600	19,511	99.55
Randolph	3,894	3,885	99.77
Talladega	15,123	15,046	99.49
Tallapoosa	7,914	7,884	99.62
Total	98,786	98,086	99.29
PHA V			
Autauga	6,886	6,786	98.55
Barbour	5,705	5,629	98.67
Bullock	2,285	2,258	98.82
Butler	5,217	5,188	99.44
Coffee	6,893	6,776	98.30
Covington	7,191	6,993	97.25
Crenshaw	3,003	2,953	98.33
Dale	8,732	8,605	98.55
Elmore	9,526	9,386	98.53
Geneva	4,772	4,739	99.31
Henry	3,605	3,583	99.39
Houston	14,025	13,744	98.00
Lee	14,558	14,433	99.14
Lowndes	2,998	2,555	85.22
Macon	4,848	4,790	98.80
Montgomery	43,323	41,845	96.59
Pike	5,759	5,711	99.17
Russell	8,138	7,813	96.01
Total	157,464	153,787	97.66
PHA VI			
Mobile	76,848	73,539	95.69
PHA VI			
Baldwin	16,869	16,733	99.19
Choctaw	3,859	3,827	99.17
Clarke	6,787	6,559	96.64
Conecuh	3,182	3,151	99.03
Dallas	13,073	12,429	95.07
Escambia	7,584	7,540	99.42
Marengo	5,961	5,917	99.26
Monroe	5,815	5,536	95.20
Perry	3,159	3,145	99.56
Sumter	3,796	3,748	98.74
Washington	1,539	1,530	99.42
Wilcox	3,081	3,025	98.18
Total	74,705	73,140	97.91
STATE TOTAL	763,201	748,326	98.05

*IMM-50 Certificate of immunization (at least 3 DTP injections, 3 polio doses, 1 measles, 1 rubella and 1 mumps)

900 licensed day care facilities. As indicated in the table, more than 90 percent of the children in these facilities were appropriately immunized for their age groups. The preschool immunization record, which was adopted by most day care centers statewide in 1984, continued to facilitate record assessment efforts.

Complete results of the 1985 school survey by public health area are found in Table 9-4. For the first time since the 1978 National Immunization Initiative, a complete record assessment for kindergarten through 12th grade was done. The overall 98.05 percent protected levels account for no cases of vaccine-preventable disease in the school setting in seven years.

Efforts to encourage colleges and universities to adopt immunization requirements for their students continued. Program representatives presented a recommendation to the presidents of Alabama's junior colleges but did not feel action would result any time soon.

The immunization procedures manual was revised and presented in draft form to a review committee. At the close of 1985, comments were being received from committee members.

The process for reporting adverse reactions to immunizations was revised according to new guidelines from the Centers for Disease Control. MSAEFI (Monitoring System for Adverse Events Following Immunizations) requires the reporting of serious reactions to publicly-purchased vaccine occurring within 30 days of administration and requiring a visit to a physician, emergency room or health clinic. The epidemiological consultant to the Division of Immunization was appointed MSAEFI coordinator for the state. MSAEFI is designed to detect, as soon as possible, inferior or "hot" lots of vaccine and other problems.

During November the Division of Immunization received an IBM PC AT computer from the Centers for Disease Control. Although all software had not been received by the close of 1985, program personnel had already begun to plan the many uses of the computer.

TABLE 9-4
DAY CARE CENTER SURVEY
BY PUBLIC HEALTH AREA
1985

PHA	Centers Contacted	Centers Responding	Age Categories	No. Adequately Protected	Total No. Children	Percent
PHA I	139	139	< 2	810	894	90.60
			2-3	2,556	2,672	95.66
			4-5	3,625	3,715	97.58
			0-5	6,991	7,281	96.02
PHA II	59	39	< 2	334	397	84.13
			2-3	928	1,039	89.32
			4-5	1,373	1,441	95.28
			0-5	2,635	2,877	91.59
JEFFCO	207	200	< 2	1,678	1,918	87.49
			2-3	3,753	4,103	91.47
			4-5	4,866	5,059	96.19
			0-5	10,297	11,080	92.93
PHA III	906	846	< 2	311	350	88.86
			2-3	631	706	89.38
			4-5	778	823	94.53
			0-5	1,720	1,879	91.54
PHA IV	90	90	< 2	374	456	82.02
			2-3	1,314	1,501	87.54
			4-5	1,780	1,881	94.63
			0-5	3,468	3,838	90.36
PHA V	209	200	< 2	775	1,077	71.96
			2-3	2,882	3,457	83.37
			4-5	4,680	5,114	91.51
			0-5	8,337	9,648	86.41
MOBILE	75	70	< 2	643	734	87.60
			2-3	746	812	91.87
			4-5	2,497	2,579	96.82
			0-5	3,886	4,125	94.21
PHA VI	81	62	< 2	237	285	83.16
			2-3	962	1,028	93.58
			4-5	1,773	1,847	95.99
			0-5	2,972	3,160	94.05
STATE			< 2	5,162	6,111	84.47
TOTAL	906	846	2-3	13,772	15,318	89.91
			4-5	21,372	22,459	95.16
			0-5	40,306	43,888	91.84

Division of Sexually Transmitted Disease Control

To encompass a broader range of "venereal" diseases, a new more comprehensive title, the Division of Sexually Transmitted Disease Control, was adopted in calendar year 1985. The traditional disease concern, early syphilis, achieved a significant decrease for a third year during 1985, even though the two largest population centers in Alabama showed an increase of early syphilis. Reported primary and secondary syphilis increased both in Jefferson and Mobile counties by 18 percent and 24 percent, respectively, as illustrated in Graph 9-1.

Reported gonorrhea cases increased by less than 1 percent during 1985 as compared to 1984. Conversely, gonococcal pelvic inflammatory disease (GPID) showed a marked increase of 41 percent in 1985 over the same time period in 1984. The increase in penicillinase producing *Neisseria gonorrhoeae* (PPNG) cases and the introduction of the chromasomally mediated resistant *Neisseria gonorrhoeae* (CMRNG) proved that resistant gonorrhea continues to pose new dilemmas for Alabama.

The Alabama Sexually Transmitted Disease Control Division exchanged interstate and international epidemiologic information, via the Interstate Control

GRAPH 9-1
PRIMARY AND SECONDARY SYPHILIS MORBIDITY
ALABAMA, JEFFERSON AND MOBILE COUNTIES
CY 1977-1985

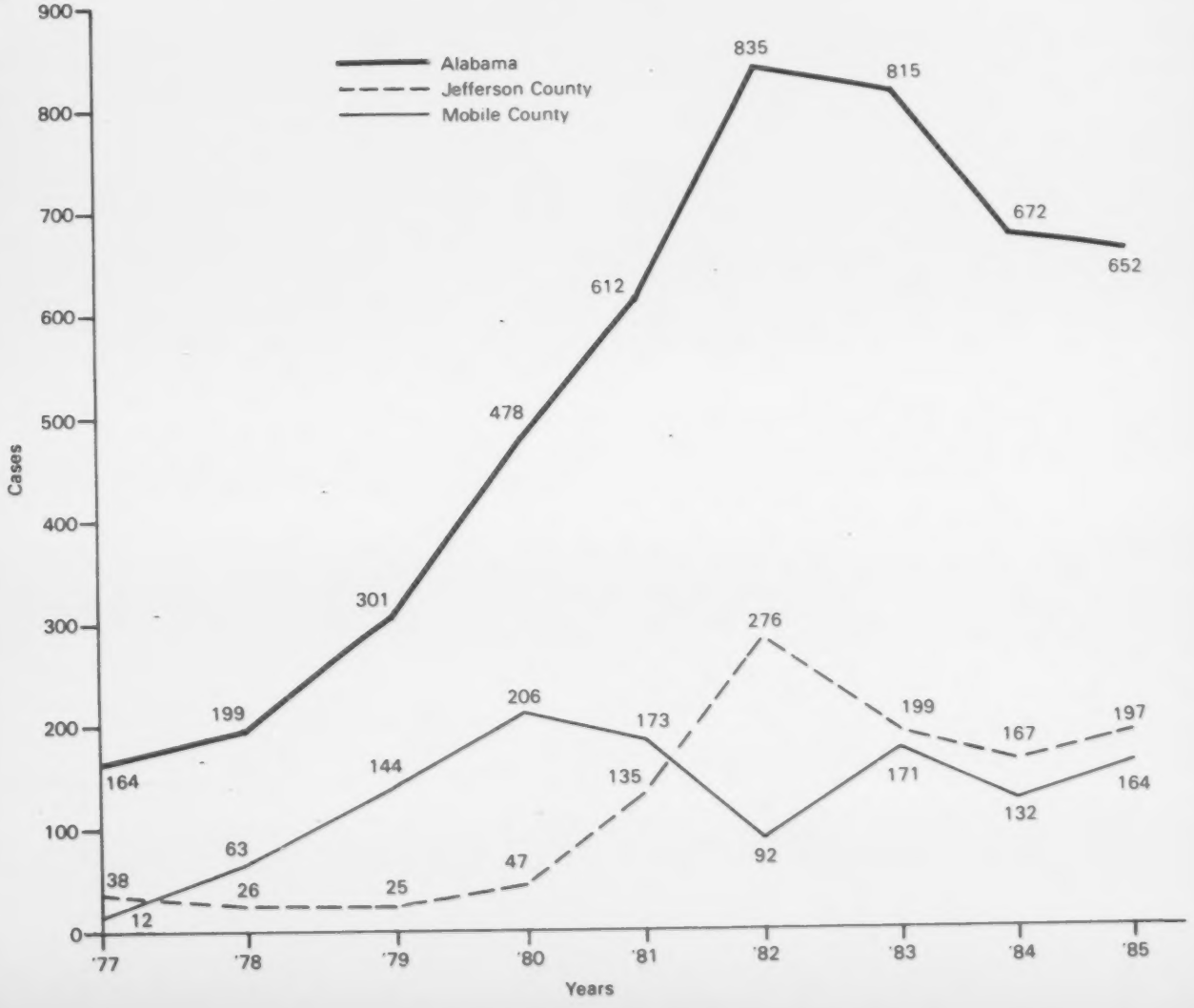


TABLE 9-5
VENEREAL DISEASE MORBIDITY (MILITARY EXCLUDED)
RATE PER 100,000 POPULATION
1984 AND 1985

	Primary & Secondary Syphilis				Total Syphilis		Gonorrhea			
	1984		1985		1984	1985	1984		1985	
Entire State	Cases	Rate	Cases	Rate	Cases	Cases	Cases	Rate	Cases	Rate
PHA I										
Colbert	6	10.6	—	—	13	1	235	414.5	146	254.4
Cullman	3	4.6	1	1.6	4	3	34	51.9	42	62.6
Franklin	2	6.6	—	—	3	—	34	113.0	8	26.0
Jackson	—	—	1	1.9	—	1	6	10.6	22	39.0
Lauderdale	2	2.3	2	2.5	4	2	131	152.1	122	153.2
Lawrence	2	6.3	—	—	3	—	82	260.3	77	241.4
Limestone	9	18.7	2	4.3	18	11	67	139.3	81	166.0
Madison	13	6.2	6	3.0	26	16	1,313	629.4	1,217	570.3
Marion	—	—	—	—	2	—	5	15.2	6	17.5
Marshall	—	—	3	4.6	2	4	16	22.9	26	36.3
Morgan	2	2.1	2	2.2	7	6	212	221.3	318	324.5
Winston	—	—	—	—	—	1	5	20.7	5	19.8
TOTAL	39	4.8	17	2.1	82	45	2,140	265.6	2,070	250.6
PHA II										
Bibb	—	—	—	—	1	2	35	210.8	58	341.2
Fayette	—	—	1	5.3	1	1	15	75.4	16	78.4
Greene	4	35.7	—	—	10	1	60	535.7	63	562.5
Hale	—	—	—	—	1	—	99	634.6	119	767.7
Lamar	3	17.3	—	—	4	—	16	92.5	8	45.2
Pickens	—	—	5	23.2	1	9	29	131.8	44	199.1
Tuscaloosa	19	13.1	9	6.5	31	19	1,455	1,001.4	1,421	956.9
TOTAL	26	10.5	15	5.9	49	32	1,709	689.4	1,729	685.4
PHA III										
Blount	1	0.25	—	—	2	—	33	78.4	27	64.1
Chilton	—	—	2	6.5	2	4	63	186.9	46	136.5
Jefferson	167	24.2	202	30.1	290	352	7,066	1,025.4	6,519	942.2
St. Clair	1	2.2	2	4.8	6	4	43	93.1	43	88.1
Shelby	3	4.0	4	6.0	8	10	72	96.1	42	52.9
Walker	—	—	4	5.8	1	10	82	111.3	86	112.7
TOTAL	172	18.0	214	22.0	309	380	7,359	768.9	6,763	695.6
PHA IV										
Calhoun	5	4.0	1	0.9	19	18	396	315.0	533	416.4
Chambers	6	14.9	—	—	8	2	91	225.8	137	338.3
Cherokee	—	—	—	—	—	—	5	25.0	14	68.0
Clay	1	7.1	—	—	2	3	62	439.7	57	401.4
Cleburne	—	—	—	—	—	—	12	90.0	8	59.3
Coosa	2	17.1	—	—	3	1	54	461.5	26	272.2
DeKalb	—	—	—	—	1	1	59	101.0	45	74.3
Etowah	6	5.6	18	17.4	18	29	242	227.0	307	285.3
Randolph	—	—	2	9.9	—	2	13	62.2	52	246.4
Talladega	13	16.8	8	10.8	28	18	264	341.1	336	427.0
Tallapoosa	1	2.5	7	18.0	3	15	57	141.8	83	203.9
TOTAL	34	6.4	36	6.7	82	89	1,255	237.5	1,598	297.5

TABLE 9-5 (continued)
VENEREAL DISEASE MORBIDITY (MILITARY EXCLUDED)
RATE PER 100,000 POPULATION
1984 AND 1985

	Primary & Secondary Syphilis				Total Syphilis		Gonorrhea			
	1984		1985		1984	1985	1984		1985	
Entire State	Cases	Rate	Cases	Rate	Cases	Cases	Cases	Rate	Cases	Rate
PHA V										
Autauga	3	8.6	11	33.9	8	19	30	85.7	54	148.8
Barbour	2	7.8	2	8.1	6	2	91	355.5	68	263.6
Bullock	1	9.8	1	9.5	4	4	71	696.0	151	1,525.3
Butler	1	4.6	—	—	4	2	64	294.9	47	219.6
Coffee	8	19.8	14	36.2	14	24	88	217.8	85	207.3
Covington	2	5.3	4	10.8	7	5	147	386.8	152	397.9
Crenshaw	—	—	—	—	0	—	14	36.8	48	328.8
Dale	6	11.8	3	6.3	12	3	31	61.0	96	184.6
Elmore	6	12.8	3	6.9	11	17	71	151.1	71	145.5
Geneva	7	27.8	2	8.2	13	8	13	51.6	18	70.6
Henry	1	6.2	—	—	2	0	25	155.3	34	207.3
Houston	9	10.8	3	4.0	33	5	465	558.9	574	655.3
Lee	2	2.4	2	2.6	8	7	355	432.9	424	501.2
Lowndes	6	44.4	3	22.6	8	9	124	918.5	116	859.3
Macon	3	11.0	6	22.3	8	12	210	769.2	241	882.8
Montgomery	89	42.4	65	32.9	208	179	3,431	636.1	3,254	1,512.8
Pike	3	10.2	—	—	11	4	223	758.5	191	638.8
Russell	1	2.1	11	23.2	13	21	231	478.3	216	446.3
TOTAL	150	18.3	130	15.5	370	321	5,684	695.0	5,840	698.3
PHA VI										
Baldwin	13	15.1	18	22.8	22	26	144	167.1	154	171.3
Choctaw	—	—	4	23.7	1	4	11	64.3	29	170.6
Clarke	1	3.5	2	7.2	2	2	85	301.4	74	262.4
Conecuh	1	6.2	—	—	2	—	70	432.1	51	316.8
Dallas	20	35.4	29	53.8	37	50	648	146.9	696	1,208.3
Escambia	26	65.2	10	26.0	59	24	138	345.9	108	268.0
Marengo	26	101.2	3	12.0	37	15	23	89.5	36	140.1
Mobile	132	34.5	159	43.5	262	348	3,513	919.2	3,698	952.4
Monroe	10	42.7	2	8.8	18	7	5	21.4	28	118.6
Perry	1	6.7	2	13.3	3	4	25	167.8	34	229.7
Sumter	16	93.6	8	47.3	26	19	42	245.6	42	245.6
Washington	—	—	—	—	0	0	16	93.0	40	231.2
Wilcox	5	34.7	3	20.4	6	5	135	937.5	184	1,323.7
TOTAL	251	34.0	240	32.0	475	504	4,855	660.0	5,174	690.1
STATE TOTAL	672	16.3	652	15.6	1,367	1,370	23,002	560.3	23,174	555.7

Clerical Registry (ICCR). In 1985, Alabama received 249 epidemiologic investigation forms from sources outside the state and submitted 347 forms from Alabama to be investigated to other states and countries.

An overview of all reported sexually transmitted diseases by counties within each public health area is presented in Table 9-5. Data for calendar year 1985 by source of report and sex of patient are found in Table 9-6.

In calendar year 1985, the Sexually Transmitted Disease Control Division began the HTLV-III Alternate Collection Site Program. The purpose of this program was to assist in testing and counseling patients with individual concerns about Acquired Immunodeficiency Syndrome. The activity report of the five Alabama Alternate HTLV-III Collection Sites is charted in Table 9-7 with Birmingham showing the highest totals for 1985.

Syphilis—During calendar year 1985, 652 cases of primary and secondary syphilis were reported. Compared to the same time period for 1984 this represented a 3 percent decrease in infectious syphilis. Morbidity by age group is illustrated in Graph 9-2 for the 1984 and 1985 calendar years. Graph 9-3 demonstrates the number of primary and secondary syphilis cases in Alabama from 1975 through 1985. The total syphilis morbidity since 1975 is illustrated in Graph 9-4.

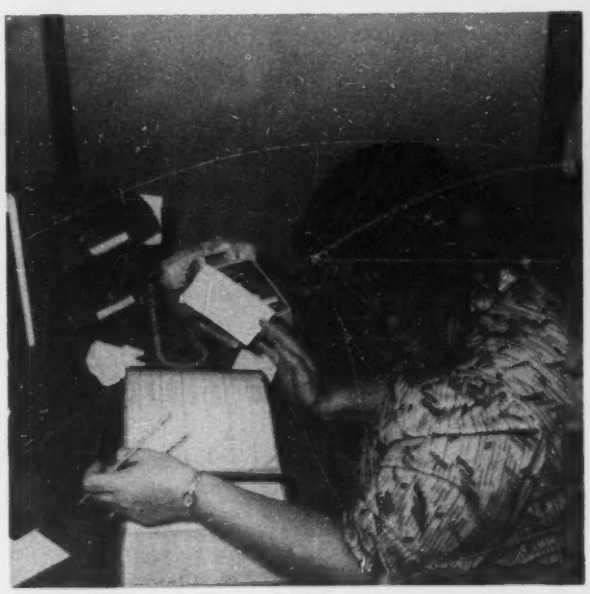
TABLE 9-6
SEXUALLY TRANSMITTED DISEASE MORBIDITY
SOURCE OF REPORT BY SEX
CY 1985
(MILITARY EXCLUDED)

Source of Report	Sex	Syphilis				Gonorrhea
		Primary and Secondary	Early Latent	Late and Late Latent	Congenital*	
Private Physicians	Male	60	23	47	1	1,576
	Female	38	25	38	—	3,269
	TOTAL	98	48	85	1	4,845
Public Clinics	Male	385	267	84	1	9,450
	Female	169	171	61	—	8,879
	TOTAL	554	438	145	1	18,329
Total Civilian	—	652	486	230	2	23,174

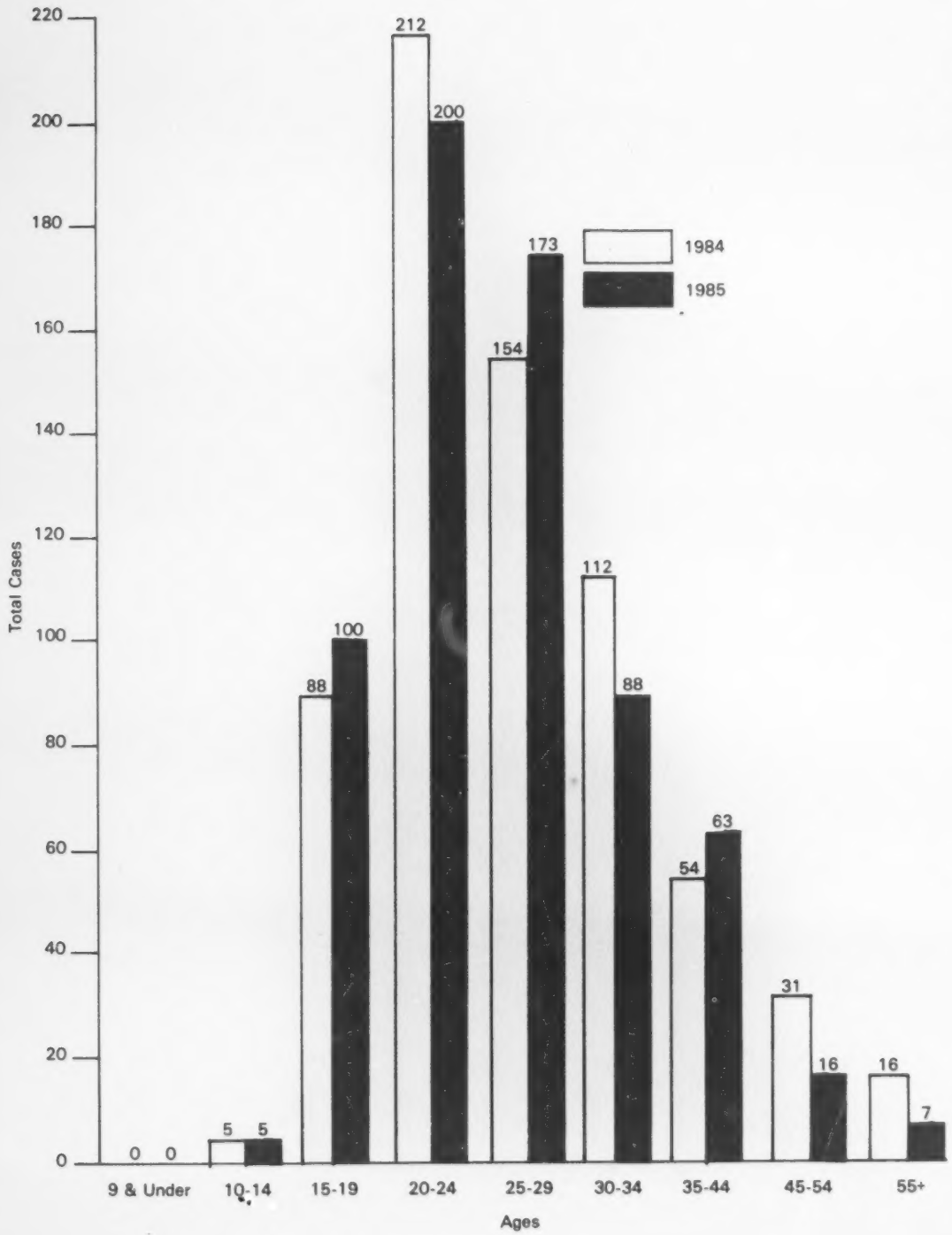
*Age of Congenital Syphilis Cases: Less than 1 year (1); More than 1 year (1)

TABLE 9-7
ALABAMA
HTLV—III ALTERNATE COLLECTION SITES
1985

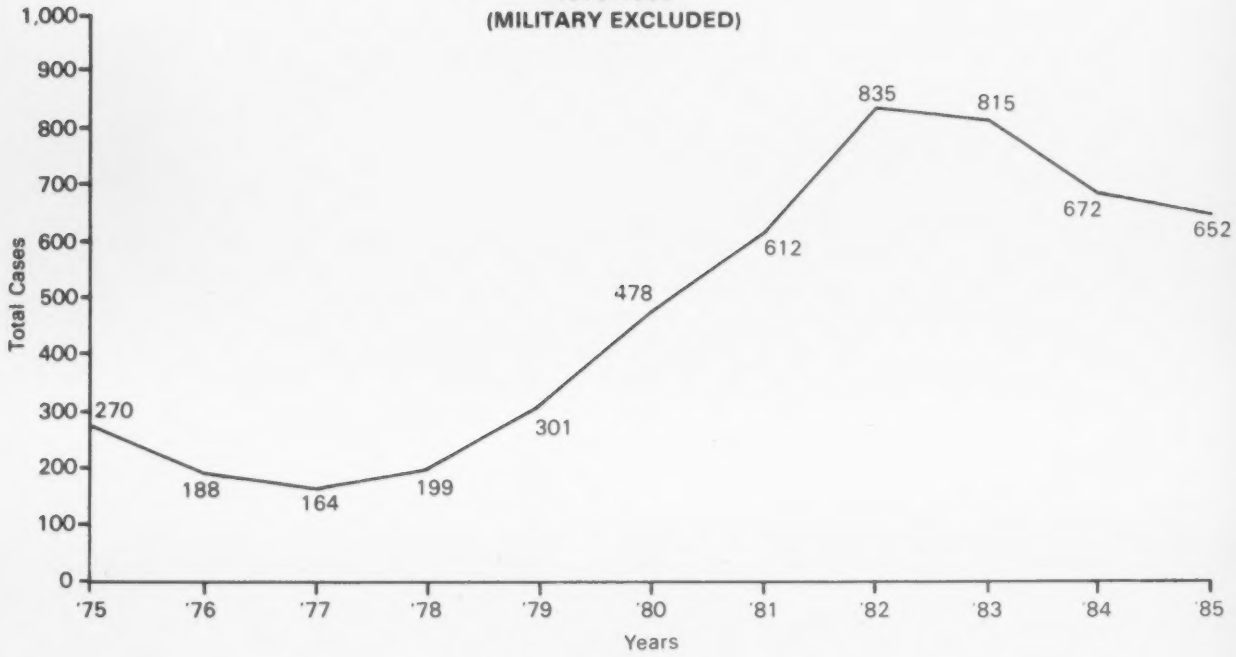
Collection Sites	Number Counseled/ Tested	Number Counseled/ Not Tested	Number Positive
Huntsville	115	1	7
Tuscaloosa	16	4	3
Birmingham	261	24	48
Montgomery	18	13	5
Mobile	108	4	20
TOTAL	518	46	83



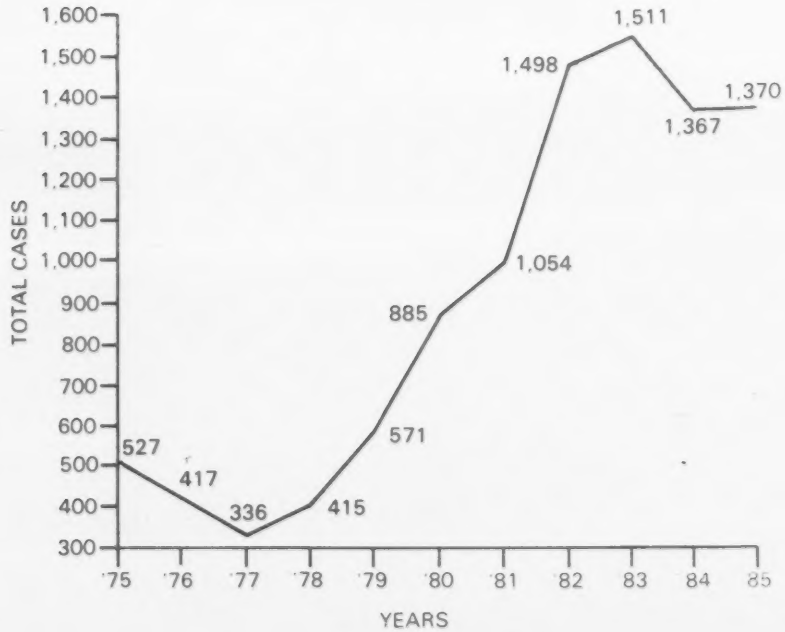
GRAPH 9-2
PRIMARY AND SECONDARY SYPHILIS
TOTAL CASES BY AGE GROUPS
1984-1985

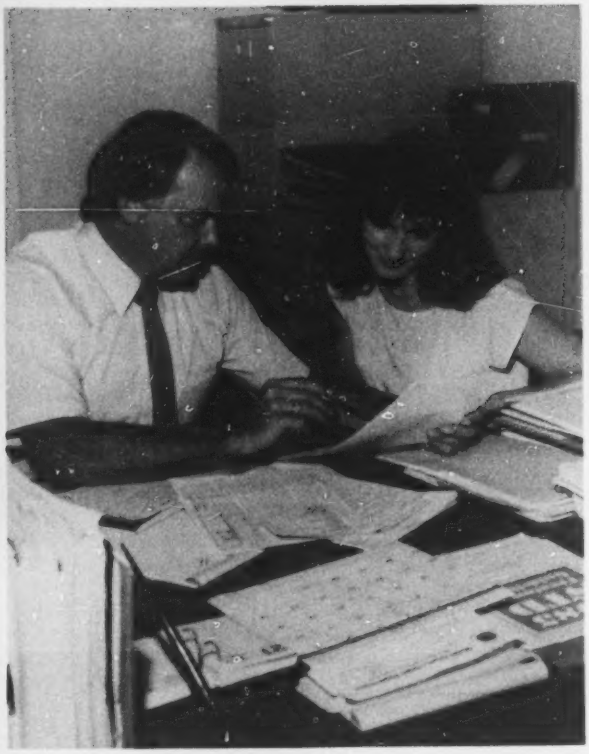


GRAPH 9-3
PRIMARY AND SECONDARY
SYPHILIS MORBIDITY
ALABAMA
1975-1985
(MILITARY EXCLUDED)

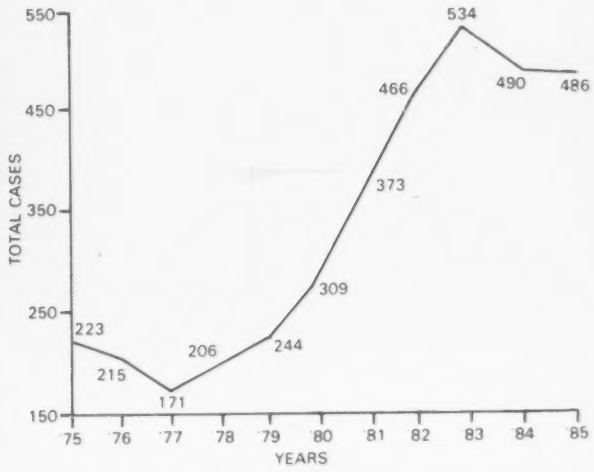


GRAPH 9-4
STATE OF ALABAMA
TOTAL SYPHILIS MORBIDITY
CY 1975-1985





GRAPH 9-5
EARLY LATENT SYPHILIS MORBIDITY
ALABAMA
1975-1985



For a third consecutive year, early latent syphilis morbidity declined, as illustrated in Graph 9-5. In 1985 486 early latent cases were reported; whereas, 490 cases were totaled for 1984.

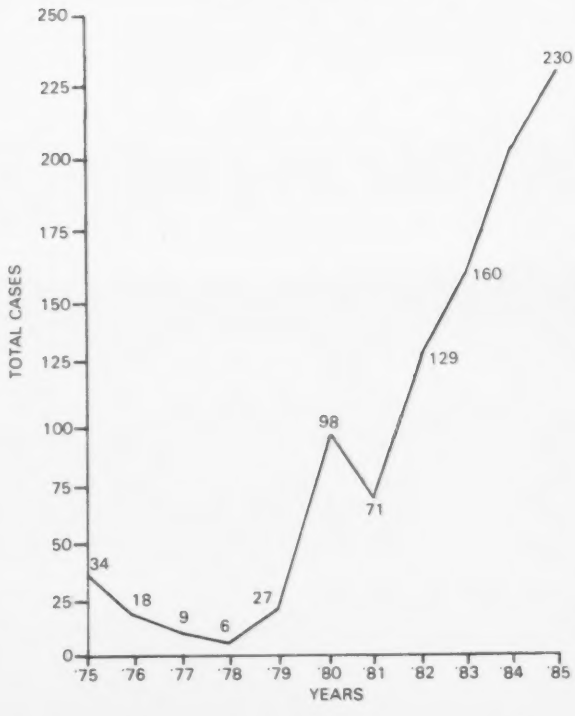
Reported late and late latent syphilis continued its escalating trend since 1981, which is clearly indicated in Graph 9-6. Late syphilis increased by 13.3 percent over 1984.

In 1985 the number of reported congenital syphilis cases stabilized at two cases for the second consecutive year. Not since 1975 and 1976 has this stable trend occurred in congenital syphilis morbidity as shown in Graph 9-7.

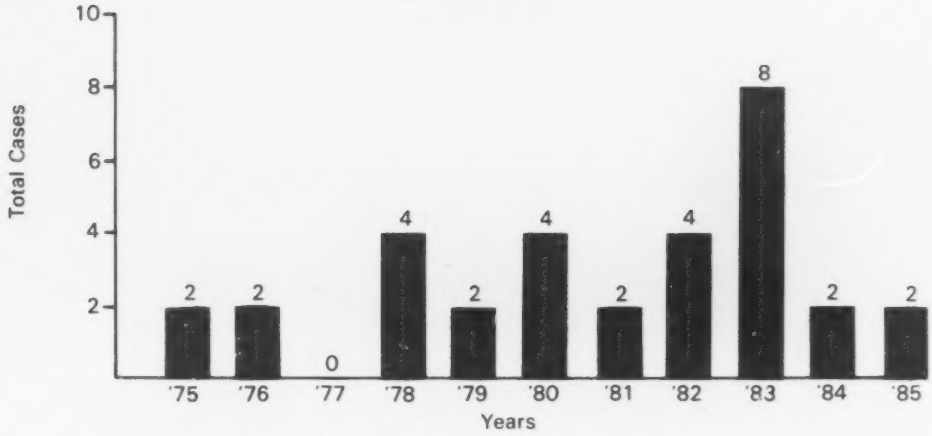
Alabama early syphilis case rates per 100,000 population and the United States case rates over the past decade are demonstrated in Graph 9-8. The age and sex case rates for primary and secondary syphilis in Alabama are depicted in Table 9-8.

A major contributor to the reduction and control of syphilis in Alabama is the Reactor Surveillance Registry. This system expedites the identification and follow-up process for patients who have reactive syphilis serological tests with no previous history of syphilis treatment. During 1985, 19,272 reactive serological tests were received by the Reactor Surveillance Unit. As a result, 2,279 reactors were assigned to the field staff for a follow-up investigation. Of those assigned for follow-up, 632 patients were found to be infected with disease and subsequently brought to treatment for their infection. Table 9-9 shows comparative data from the Syphilis Reactor Registry for 1984 and 1985.

GRAPH 9-6
LATE LATENT SYPHILIS MORBIDITY
ALABAMA
CY 1975-1985

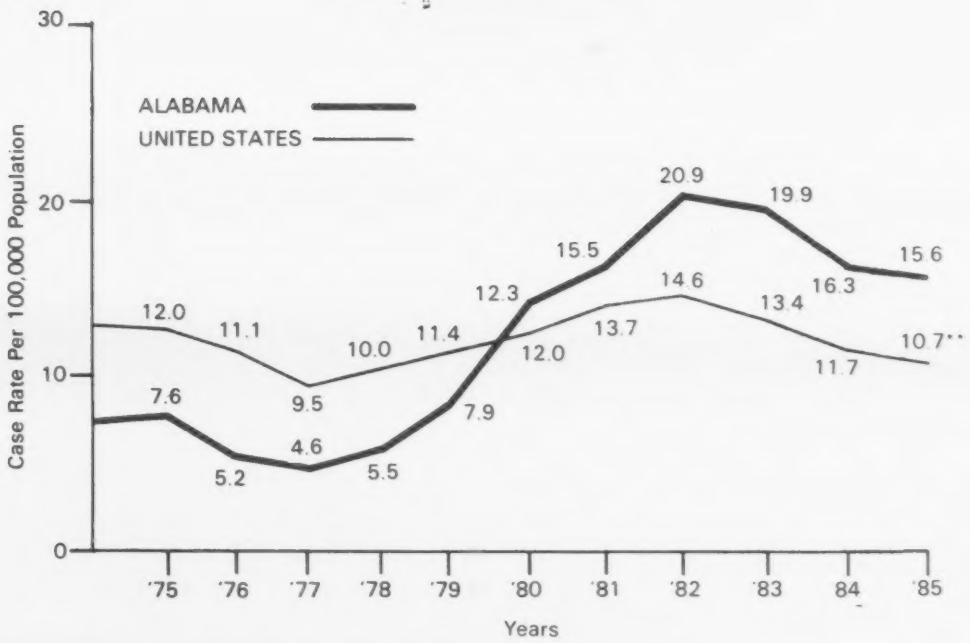


GRAPH 9-7
CONGENITAL SYPHILIS
ALABAMA
CY 1975-1985



*(Rates per 100,000 Births) Alabama and United States

GRAPH 9-8
PRIMARY AND SECONDARY SYPHILIS RATES*
ALABAMA AND UNITED STATES
CY 1975-1985



*Rates Per 100,000 Population Based on 1985 Estimates.
**Provisional Data Based on the 52nd Week of the MMWR.

TABLE 9-8
PRIMARY AND SECONDARY SYPHILIS
AGE/SEX CASE RATES*
ALABAMA
CALENDAR YEAR 1985

Age Group	Male		Female		State Total	
	No. of Cases	Rate Per 100,000	No. of Cases	Rate Per 100,000	No. of Cases	Rate Per 100,000
≤9	0	0.0	0	0.0	0	0.0
10-14	1	0.6	4	2.5	5	1.5
15-19	61	33.5	39	22.0	100	28.2
20-24	123	72.6	77	44.1	200	58.9
25-34	186	56.3	75	22.2	261	39.1
35-44	54	21.0	9	3.3	63	11.8
45-54	14	7.1	2	0.9	16	3.8
≥55	6	1.7	1	0.2	7	0.8
TOTAL	445	22.3	207	9.5	652	15.6

*Rates Per 100,000 Population Based on Estimated 1985 Population

TABLE 9-9
SYPHILIS REACTOR REGISTRY
1984 and 1985

	1984	1985	Percent Change
Total reactors received	20,203	19,272	- 4.6
Total reactors followed by field staff	2,811	2,279	-18.9
Total brought to treatment for syphilis (all stages)	641	632	- 1.4

During 1985 every effort was made to locate and interview all infectious syphilis cases for sexual contacts. Of the 1,156 reported civilian cases, 99.3 percent were interviewed. These interviews produced 2,992 sexual contacts, of which 2,459 were examined for syphilis infections. Three hundred seventy-two persons were found to be infected with syphilis and were subsequently treated for their infection; 1,910 persons were prophylactically treated. Table 9-10 presents 1985 interviewing productivity for infectious syphilis.

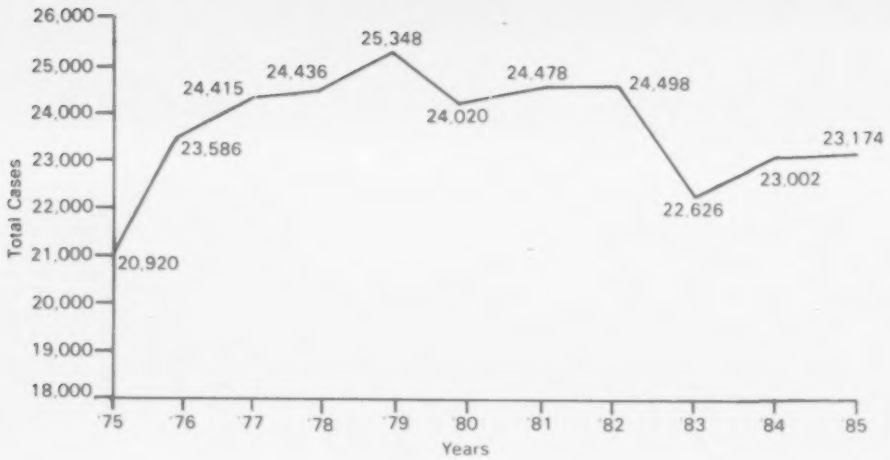
Gonorrhea—Reported gonorrhea morbidity for Alabama increased slightly during calendar year 1985, with 23,174 cases reported during this period as compared to 23,002 cases reported in 1984.

Graph 9-9 illustrates gonorrhea morbidity for the past 10 years. Case rates per 100,000 population for gonorrhea and cases by age groups are presented in Graphs 9-10 and 9-11 respectively. The case rates by age and sex are overviewed in Table 9-11.

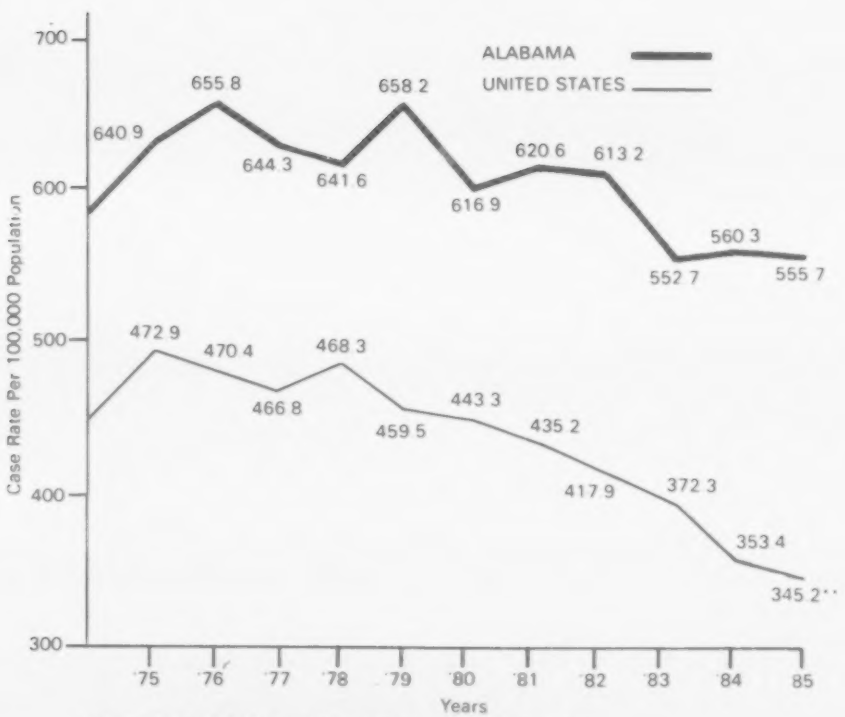
TABLE 9-10
EPIDEMIOLOGIC ACTIVITY
PRIMARY, SECONDARY, EARLY LATENT SYPHILIS
CALENDAR YEAR 1985

Original Interviews	
Number of patients interviewed	1,148
Number of contacts obtained	2,992
Contact index	2.61
Percent of patients naming no contacts	3.2%
Reinterviews	
Number of patients reinterviewed	978
Number of contacts obtained	879
Reinterview contact index	0.90

GRAPH 9-9
GONORRHEA MORBIDITY
ALABAMA
CY 1975-1985



GRAPH 9-10
GONORRHEA CASE RATES*
ALABAMA AND U.S.
CY 1975-1985



*Rates Per 100,000 Population Based on 1983 Population
**Provisional Data Based on the 52nd Week of the MMWR

GRAPH 9-11
GONORRHEA CASES BY AGE GROUPS
ALABAMA
1984-1985

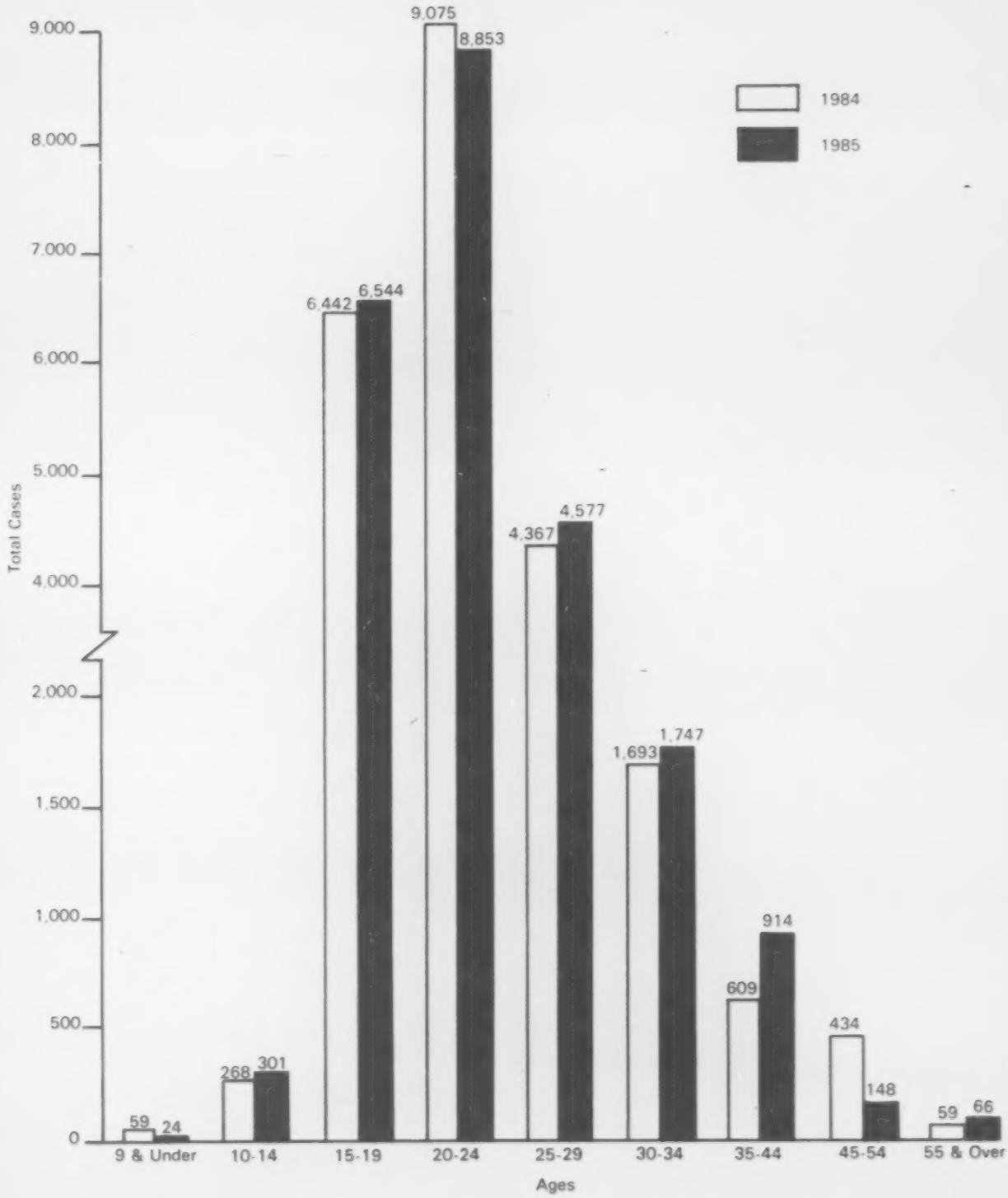
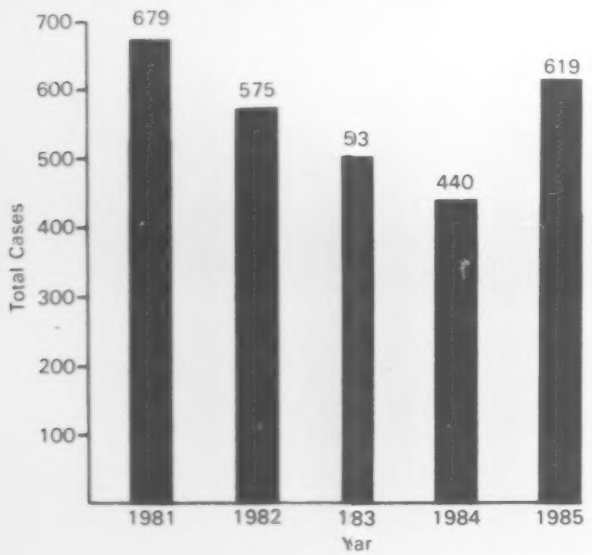


TABLE 9-11
GONORRHEA AGE/SEX CASE RATES*
ALABAMA
CY 1985

Age Group	Male		Female		State Total	
	No. of Cases	Rate Per 100,000	No. of Cases	Rate Per 100,000	No. of Cases	Rate Per 100,000
≤9	2	0.6	22	7.1	24	3.7
10-14	51	31.0	250	157.7	301	93.1
15-19	2,412	1,325.7	4,132	2,326.1	6,544	1,844.0
20-24	4,255	2,509.9	4,598	2,634.4	8,853	2,607.9
25-34	3,524	1,066.7	2,800	830.1	6,324	947.2
35-44	615	239.7	299	108.1	914	171.5
45-54	113	57.1	35	15.7	148	35.2
≥55	54	15.2	12	2.3	66	7.5
TOTAL	11,026	553.6	12,148	557.6	23,174	555.7

*Rates Per 100,000 Population Based on Estimate 1985 Population

GRAPH 9-12
REPORTED GPID
ALABAMA
CY 1981-1985
(MILITARY EXCLUDED)



Gonorrhea reports from private medical sources increased by 10 percent (441 cass) from 4,404 cases in 1984 to 4,845 cases in 1985. Conversely, gonorrhea morbidity from public medical sorces decreased by 1.4 percent from 18,598 gonorrhea oses in 1984 to 18,329 cases in 1985.

Alabama experienced an increse in gonococcal pelvic inflammatory disease (GPID) of 4 percent. The increase from 440 ceases in 1984 to 619 caes in 1985 reflected the highest GPID morbidity since 1981. Graph 9-12 presents reported GPID morbidity for the past five years.

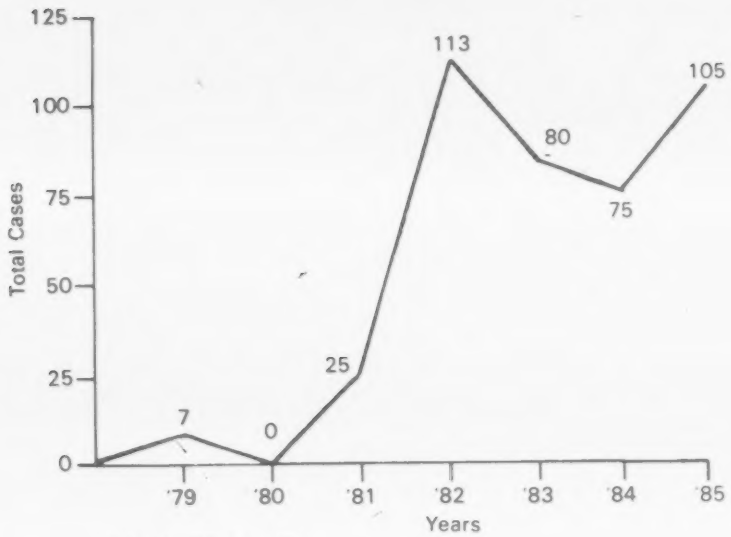
Penicillinase producing *Neisseria gonorrhoeae* cases reported in calendar year 1985 increased by 21.3 percent. For this period 91 cases were reported as compared to 75 cases in 1984 for the same time period. Public Health Area V experienced the highest increase in morbidity with the majority of cases occurring in Montgomery County. PPNG morbidity for Public Health Area V increased 312.5 percent as compared to 1984. In contrast, Public Health Area IV reported no PPNG cases for a second consecutive year. Table 9-12 presents PPNG morbidity by public health area for calendar years 1984 and 1985, and Graph 9-13 depicts PPNG morbidity for Alabama since the onset of the surveillance program.

During calendar year 1985, the disease intervention emphasis for priority gonorrhea patients continued to be epidemiologic follow-up of PPNG, GPID, and male and female repeaters.

TABLE 9-12
REPORTED PPNG
BY PHA
1984 AND 1985
(MILITARY EXCLUDED)

	1984	1985	Percent Change
PHA I	2	2	—
PHA II	0	1	+100.0
PHA III	35	5	-85.7
PHA IV	0	0	—
PHA V	16	66	+312.5
PHA VI	22	17	-22.7
TOTAL	75	91	+21.3

GRAPH 9-13
PENICILLIN RESISTANT
***NEISSERIA GONORRHOEAE* MORBIDITY**
CY 1976-1985**



*March '76-Dec. '79.
**Beginning of Surveillance Program.

Contact interviews of 70 PPNG patients yielded 140 sexual contacts. Fifty-five of these contacts were found to be infected and were treated for gonococcal infections.

Five hundred thirty-one patients with GPID were interviewed for their sexual partners. This effort yielded 658 sexual contacts resulting in 76.2 percent being brought to examination for gonorrhea. For these examined contacts, 273 patients were treated for gonococcal infections. Epidemiologic results may be found in Table 9-13.

Interview efforts applied to persons with repeat gonococcal infection produced a total of 1,422 sexual contacts. Of these, 1,016 contacts were obtained from male repeaters, resulting in the treatment of 240 persons for gonorrhea. Female repeater interviews yielded 406 contacts, with 138 of them treated for gonococcal infections. A complete screening report is found in Table 9-14.

TABLE 9-13
GONORRHEA
EPIDEMIOLOGIC RESULTS
ALABAMA, FY 1985

Interviewing Results	First-Time Infections		Repeat Infections		GPID	PPNG
	Male	Female	Male	Female		
1. Number of patients interviewed	1,428	1,117	982	326	531	70
2. Total contacts obtained	1,641	1,297	1,016	406	658	140
3. Contact index	1.14	1.16	1.03	1.23	1.23	2.0
4. Percent of new in-state contacts examined	71.9	81.0	72.2	80.1	76.2	98.0
5. Number of contacts treated for gonorrhea	396	474	240	138	273	55

TABLE 9-14
GONORRHEA CULTURE TEST RESULTS OF FEMALES
NUMBER TESTED AND NUMBER POSITIVE BY SOURCE OF TEST
(TYPE OF FACILITY/HEALTH PROVIDER)
(EXCLUDE TESTS OF CURE)
1985

PROJECT AREA

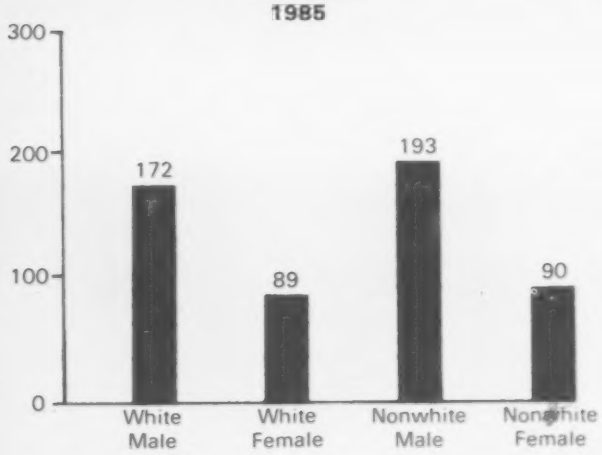
PERIOD COVERED: From January 1985 To December 1985

SOURCE OF TEST (TYPE FACILITY)	Number Tested	Number Negative	Number Positive
1. Health Dept. Nor. VD Clinics	(97,688)	(93,772)	(3,916)
(a) Family Planning	76,847	73,661	3,186
(b) Prenatal, OB GYN	19,465	18,791	674
(c) Cancer Detection	8	7	1
(d) Combinations or Other	1,368	1,313	55
2. Public/Private Hospital Outpatient	(14,168)	(13,224)	(944)
(a) Family Planning			
(b) Prenatal, OB GYN	3,299	3,208	91
(c) Cancer Detection			
(d) Combinations or Other	10,869	10,016	853
3. Public/Private Hospital Inpatient	( )	( )	( )
(a) Obstetric			
(b) Gynecologic			
(c) Combinations or Other			
4. Community/Neighborhood Health Centers	(5,453)	(5,097)	(356)
(a) Family Planning			
(b) Prenatal, OB GYN			
(c) Cancer Detection	107	107	
(d) Combinations or Other	5,346	5,097	356
5. Private Physicians	94,376	92,656	1,720
6. Private Family Planning Groups	18,607	18,219	388
7. Group Health Clinics			
8. Student Health Centers	6,448	6,293	155
9. Manpower Training Agencies			
10. Industrial Screening			
11. Military/Dependents	4	4	
12. Correction or Detention Centers	141	127	14
13. Not Specified			
14. TOTAL NON-VD CLINICS	(236,885)	(229,392)	(7,493)
15. Venereal Disease Clinics	(14,955)	(11,046)	(3,909)
(a) Contacts to Gonorrhea			
(b) Syphilis: Contacts/Clusters/Reactors			
(c) Other			
16. GRAND TOTAL	251,840	240,438	11,402
17. Number Females With Positive Culture Treated For Gonorrhea			11,230

Division of Tuberculosis Control

During 1985 there were 544 new cases of tuberculosis reported which represents an approximate 4 percent decrease compared to the 565 cases reported in 1984. New tuberculosis case rates per 100,000 population decreased by 5 percent, from 13.7 in 1984 to 13.0 in 1985. Of the 544 new cases reported, 524 or 96 percent were confirmed with positive bacteriological findings. Graph 9-14 indicates new cases by race and sex.

GRAPH 9-14
NEW TUBERCULOSIS CASES REPORTED BY RACE & SEX
1985



Extrapulmonary cases represented 11 percent of th total cases reported. Bone and joint, lymphatic, and pleuri cases accounted for nearly 60 percent of the extra pulmonary cases reported. Four tuberculous meningiti cases were reported during the year.

Based on the latest provisional information from th Centers for Disease Control in Atlanta, Alabama ranked 11th in the nation in new tuberculosis case rates. Th southeastern United States or Public Health Servie Region IV states continue to report more tuberculosis case and have higher tuberculosis case rates per 100,00 population compared to any other region of the nation. Te eight southeastern states continue to rank in the top 3 states in the nation having the highest tuberculosis rate. Graph 9-15 shows case rates in Alabama and the Unitd States, while Table 9-15 indicates tuberculosis case rats and their rank in the U.S.

The number of new cases in the state is about every divided between black and white. However, case rats among blacks continue to be three times greater than tht of the white population, 26.3 and 8.4 respectively. Although blacks account for only 25 percent of the state population, they represent slightly over half of the new tuberculosis cases reported. Relative to sex and age, males represented two-thirds of the cases reported and persons 45 years of age and older accounted for 75 percent of te cases. Case rates in 1985 by race and sex are as follows: black male, 39.2; black female, 15.4; white male, 8.4; ad white female, 5.6. The breakdown of new cases by age my

GRAPH 9-15
ALABAMA AND UNITED STATES
TB CASE RATES
1967-1985

*Provisional

TABLE 9-15
ALABAMA TUBERCULOSIS CASES, CASE RATES AND RANK IN THE U.S. 1960-1985

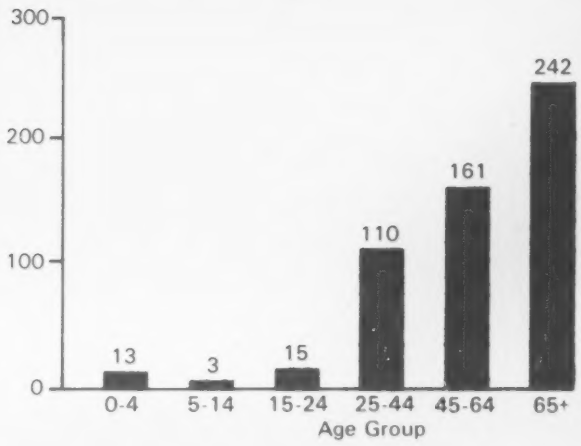
Year	Cases	Rate	Rank
1960	1,302	39.8	11
1961	1,313	39.5	10
1962	1,164	35.1	12
1963	1,326	39.3	7
1964	1,259	36.7	8
1965	1,417	40.6	3
1966	1,214	34.6	7
1967	1,379	38.9	3
1968	1,338	37.5	3
1969	1,203	33.0	3
1970	1,166	33.8	3
1971	985	28.4	3
1972	918	26.3	3
1973	790	22.6	5
1974	785	22.3	4
1975	780	22.1	7
1976	824	23.2	3
1977	704	19.7	9
1978	672	18.0	10
1979	644	17.0	9
1980	663	17.3	6
1981	640	16.2	9
1982	631	15.8	7
1983	523	12.8	11
1984	565	13.7	5
1985	544	13.0	

*U.S. Rank in 1985 not available

be found in Graph 9-16. Graph 9-17 shows new TB cases by age group and race. Graph 9-18 further breaks down new cases by age and sex. Graph 9-19 shows case rates by age group and race. Graph 9-20 gives information about persons infected with the tubercle bacilli by age group

During the year, public health areas I and IV recorded increases in the number of new tuberculosis cases reported. Public health areas II, III, V and VI reported decreases during 1985. In Public Health Area III, Central Alabama Public Health Region, comprised of Blount, Chilton, Shelby, St. Clair and Walker counties, recorded an increase of 100 percent in reported cases compared to the previous year. Case rates by public health area are as follows: Public Health Area I, 15.6; Public Health Area II, 15.8; Public Health Area III, 11.5; Public Health

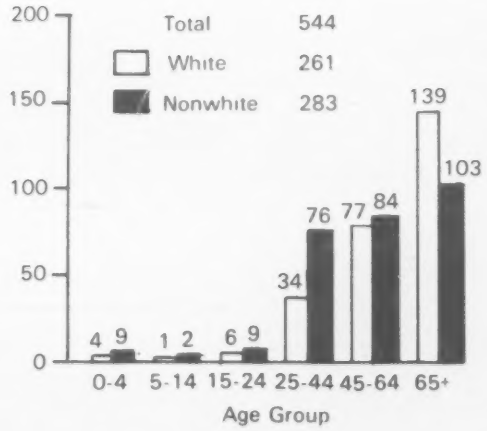
GRAPH 9-16
NEW TUBERCULOSIS CASES BY AGE GROUP 1985



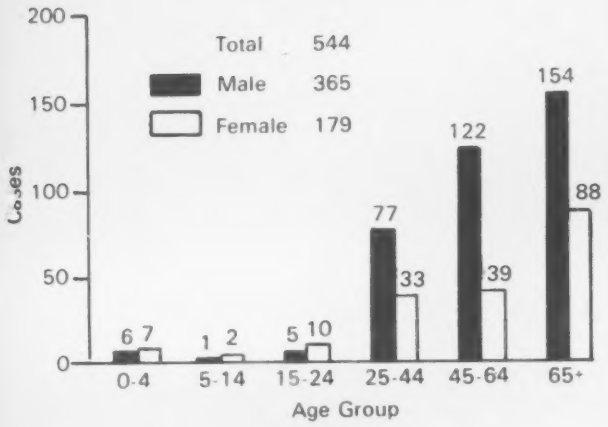
Area IV, 16.4; Public Health Area V, 9.3; and Public Health Area VI, 13.0.

In 1985, there were 29 counties in the state reporting increases in cases, 31 reporting decreases, and seven counties reporting no changes compared to 1984. Tuberculosis control data by county are found in Table 9-16. Counties in the state having the highest case rates include Dallas, 33.0; Pickens, 31.7; Sumter, 29.2; Cherokee, 29.1; Etowah, 27.9; and Greene, 26.8. Counties reporting the greatest number of cases were Jefferson, 84; Mobile, 45; Madison, 36; Etowah, 30; Montgomery, 29; and Calhoun, 26. Those counties reporting no new tuberculosis cases during the year included Clay, Cleburne, Coosa, Crenshaw, Henry and Washington.

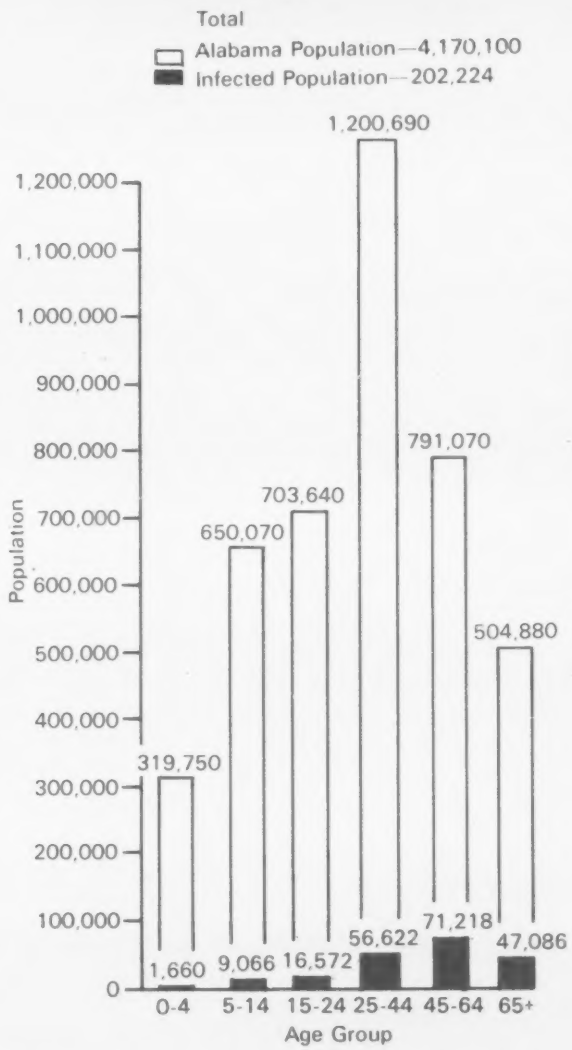
GRAPH 9-17
NEW TUBERCULOSIS CASES BY AGE GROUP & RACE 1985



GRAPH 9-18
NEW TUBERCULOSIS CASES BY AGE GROUP & SEX
1985



GRAPH 9-20
TOTAL POPULATION AND PERSONS INFECTED WITH TUBERCLE BACILLI BY AGE GROUP
1985



GRAPH 9-19
NEW TUBERCULOSIS CASE RATES
BY AGE GROUP & RACE
1985

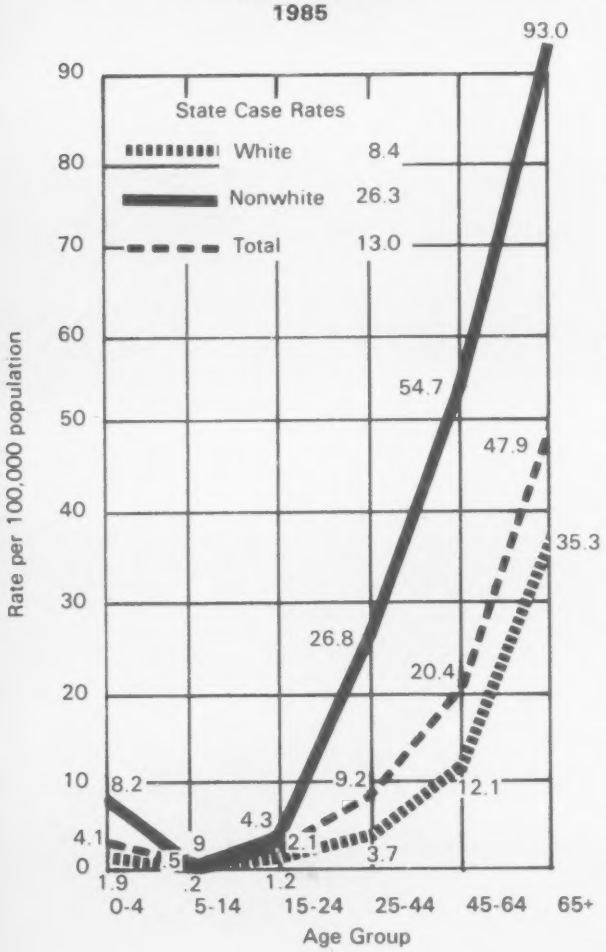


TABLE 9-16
ALABAMA TB CONTROL
1984 and 1985

	New TB Cases Reported		County Rank in No. Cases Reported	New TB Case Rate per 100,000 Pop.		Total TB Cases in File as of December 31		Population
	1984	1985	1985	Rate	Rank	1984	1985	July 1985
PHA I								
Colbert	10	8	17	13.9	26	7	5	57,400
Cullman	10	13	11	19.4	17	6	10	67,100
Franklin	7	2	50	6.5	49	2	2	30,800
Jackson	8	9	15	15.3	22	4	11	59,000
Lauderdale	11	8	19	9.0	41	14	6	88,400
Lawrence	3	7	22	21.9	9	3	4	31,900
Limestone	8	9	14	18.4	18	7	7	48,800
Madison	39	36	3	16.9	20	28	24	212,700
Marion	4	7	23	20.5	11	4	4	34,200
Marshall	8	19	9	26.5	7	5	15	71,700
Morgan	6	8	20	8.2	42	5	6	98,000
Winston	1	3	38	11.9	33	1	1	25,200
TOTAL	115	129	1	15.6	3	86	95	825,200
PHA II								
Bibb	2	1	57	5.9	52	2	1	17,000
Fayette	4	2	46	9.8	39	4	0	20,400
Greene	2	3	35	26.8	6	2	2	11,200
Hale	2	3	36	19.4	16	3	2	15,500
Lamar	2	3	37	16.9	19	1	2	17,700
Pickens	2	7	21	31.7	2	2	6	22,100
Tuscaloosa	30	21	7	14.1	25	33	24	148,500
TOTAL	44	40	6	15.8	2	47	37	252,400
PHA III								
Blount	4	6	25	14.3	24	3	2	42,100
Chilton	1	4	33	11.9	34	0	2	33,700
Jefferson	120	84	1	12.2	32	78	51	690,900
St. Clair	2	10	12	20.5	12	2	5	48,800
Shelby	6	3	42	3.8	59	4	3	79,400
Walker	1	5	30	6.6	48	3	3	76,300
TOTAL	134	112	2	11.5	5	90	66	971,200
PHA IV								
Calhoun	16	26	6	20.3	13	12	20	128,000
Chambers	2	4	34	9.9	38	2	3	40,500
Cherokee	3	6	24	29.1	4	1	6	20,600
Clay	1	0	64	0.0	64	0	0	14,200
Cleburne	1	0	63	0.0	63	1	0	13,500
Coosa	1	0	62	0.0	62	0	0	11,700
DeKalb	6	8	18	13.2	29	5	7	60,600
Etowah	28	30	4	27.9	5	21	25	107,600
Randolph	3	2	47	9.5	40	2	2	21,100
Talladega	9	10	13	12.7	30	8	7	78,700
Tallapoosa	5	2	53	4.9	56	6	2	40,700
TOTAL	75	88	4	16.4	1	58	72	537,200

TABLE 9-16 (continued)
ALABAMA TB CONTROL
1984 and 1985

	New TB Cases Reported		County Rank in No. Cases Reported	New TB Case Rate per 100,000 Pop.		Total TB Cases in File as of December 31		Population
	1984	195	1985	Rate	Rank	1984	1985	July 1985
PHA V								
Autauga	2	2	51	5.5	54	4	2	36,300
Barbour	1	3	39	11.6	35	1	1	25,800
Bullock	1	2	43	20.2	14	0	1	9,900
Butler	1	5	28	23.4	8	4	4	21,400
Coffee	2	1	60	2.4	60	2	1	41,000
Covington	2	2	52	5.2	55	2	2	38,200
Crenshaw	0	0	65	0.0	65	0	0	14,600
Dale	1	1	61	1.9	61	0	1	52,000
Elmore	7	2	54	4.1	57	4	3	48,800
Geneva	2	1	59	3.9	58	1	1	25,500
Henry	1	0	66	0.0	66	1	0	16,400
Houston	7	6	26	6.8	47	7	3	87,600
Lee	7	3	10	15.4	21	8	10	84,600
Lowndes	1	1	55	7.4	44	1	0	13,500
Macon	8	3	40	11.0	37	6	4	27,300
Montgomery	32	29	5	13.5	27	31	22	214,100
Pike	1	4	32	13.4	28	1	2	29,900
Russell	8	3	41	6.2	50	5	2	48,400
TOTAL	84	78	5	9.3	6	78	59	835,300
PHA VI								
Baldwin	9	5	31	5.6	53	4	6	89,900
Choctaw	2	1	58	5.9	51	1	1	17,000
Clarke	4	2	49	7.1	45	1	2	28,200
Conecuh	1	2	45	12.4	31	0	2	16,100
Dallas	21	19	8	33.0	1	18	17	57,600
Escambia	8	8	16	19.9	15	8	4	40,300
Marengo	2	2	48	7.8	43	2	2	25,700
Mobile	52	45	2	11.6	36	26	22	387,300
Monroe	1	5	29	21.2	10	1	5	23,600
Perry	5	1	56	6.8	46	4	1	14,800
Sumter	3	5	27	29.2	3	4	3	17,100
Washington	2	0	67	0.0	67	1	0	17,300
Wilcox	3	2	44	14.4	23	2	1	13,900
TOTAL	113	97	3	13.0	4	72	66	748,800
STATE	565	44		13.0		431	395	4,170,100

Jefferson, Mobile and Maison counties with approximately 30 percent of the sta's population reported 30 percent of the new cases in 185. The most current statistical information from the Cerers for Disease Control indicates that among 57 cities in he United States with 250,000 plus population, Birmingam with a case rate of 24.1 ranked 11th in the nation in ew case rates. Among 114 cities with 100,000 to 250,00 population, Mobile, Huntsville and Montgomery ranked 18, 22 and 28 respectively.

At the end of the calendar year, tuberculosis prevalence reports indicated that there were approximately 850 diagnosed cases, suspects and other persons with nontuberculous mycobacterial disease receiving multiple drug therapy and medical supervision by county health departments and contract hospitals. By adhering to

contract hospital admission guidelines and through utilization of the outpatient clinics, the program was able to manage two-thirds of the new cases entirely on an outpatient basis. All cases completing nine months of INH and Rifampin therapy continue to be closed to medical supervision, provided sputum cultures are negative for at least six months. Only complicated and drug resistant cases are recommended for alternative drug regimens and longer durations of treatment.

Of the total cases reported in 1985, county health departments reported 75.5 percent; general hospitals reported 13.6 percent; contract hospitals reported 5.9 percent; and private physicians reported 2.4 percent. Only one case was reported as a result of death certificate information. Data about new cases by source of original report are in Table 9-17. After the initial diagnosis and reporting of cases, most patients are subsequently referred to county health department clinics for medical supervision and treatment. Contact identification, investigation, examination and preventive treatment are provided by the clinic and outreach programs. Nearly 95 percent of the known cases, contacts and suspects in the state receive their medical supervision through public health clinics and contract hospitals.

As a result of the private laboratory reporting law, 21 laboratories reported 390 positive culture reports and 237 positive smear reports to the Tuberculosis Control Division during the year. Follow-up investigation of these private physician positive reports resulted in the reporting of 89 new tuberculosis cases. The 89 cases reported represented 16 percent of the total tuberculosis morbidity reported in 1985. Investigation of these reports also enabled the Tuberculosis Program to assist the physician in the treatment of the cases plus initiate prompt epidemiological investigations, including examination and preventive treatment of contacts.

Patient compliance in taking prescribed medication continues to be the greatest problem in tuberculosis control. For this reason, more emphasis has been placed on directly observed therapy. Continued efforts are made before initiation of therapy to determine which patients are most likely to fail in taking prescribed medication because of problems with alcohol or other reasons. As a result, many of the problem patients are initially placed on some form of directly observed therapy.

To assist with patient compliance in taking medication, the American Lung Association of Alabama has continued its funding of a Christmas Seal Compliance Fund totaling $1,800 annually. The compliance fund is administered according to need by the six area tuberculosis program managers. Although small compared to the total tuberculosis program budget, the compliance fund has assisted greatly in keeping problem patients on therapy for the required length of time. Many needed items for patients have been purchased through the use of the Christmas Seal Compliance Fund. Some of these items include transportation to and from clinics, prescribed medicine other than TB drugs, vitamins, food, clothing, greeting cards, clinic refreshments such as milk and doughnuts, fishing rod and reel, rent, stove, shotgun shells, patient awards and similar items.

County health departments reported 109,374 tuberculin tests performed in 1985. Of this total, 78 percent were read with 3,220 having results of 10 millimeters or greater for an overall infection rate of 3.76 percent. Positive tuberculin skin test rates ranged from a low of .50 percent (5 per 1,000) among persons (including contacts) from infancy to 4 years of age to 8.42 percent (80 per 1,000) for persons 65 years of age or older. For close and other than close contacts examined in 1985, infection rates were 33.9 percent and 11.4 percent respectively. Positive skin test rates among blacks in 1985 were nearly three times as great when compared to the white population. When applying Alabama's tuberculin positive skin test rates by race and sex to the total population, the state's infected population totals approximately 202,224 individuals. The estimated number of infected persons ranges from a low of 10,726 under 15 years of age to a high of 71,218 for persons in the 45-through 64-year-old age bracket. It is estimated that 90 percent of future tuberculosis cases in Alabama will come from this reservoir of infected persons.

The Tuberculosis Program continues to recommend that low priority be placed on the examination of persons for tuberculosis in connection with job requirements. Other than contacts, the only persons required by law to be screened for tuberculosis are school employees when they are initially employed.

Major program emphasis was placed on prevention as a total of 3,277 contacts and other high risk persons were placed on INH preventive therapy, bringing the total to 138,606 started on the program since 1965. Only 491 or .35 percent (3.5 per 1,000) of these approximately 139,000 individuals were later reported with tuberculous disease. Of the 491 patients who were recommended for preventive therapy and later developed disease, division records indicate that nearly 75 percent were issued less than six

TABLE 9-17
NEW TB CASES BY SOURCE OF ORIGINAL REPORT
1985

Source	No. Cases	Percent of Total Reported
Penal & Mental Institutions	1	.2
General Hospitals	74	13.6
Veterans' Hospitals	10	1.8
County Health Departments	411	75.5
Private Physicians	13	2.4
Death Certificates	1	.2
Military	2	.4
Contract Hospitals	32	5.9
GRAND TOTAL	544	100.0

months of preventive medication. The preventive therapy program continues to be a most effective tool in preventing new tuberculosis cases.

The Tuberculosis Control Division continued contracts with eight general hospitals for the care of inpatients during 1985. The contract hospitals recorded 194 admissions, 200 discharges, and a total of 2,765 patient days during the fiscal year. Data about contract hospitals can be found in Table 9-18 and Table 9-19. The average hospital patient stay was 13.8 days. The average contract hospital cost was approximately $444.63 per patient day. The state tuberculosis budget cost was $171.36 per day with third party insurance paying most of the difference. The average cost per patient hospitalized in 1985 was $5,615.98 and the average state TB budget cost was $2,164.32.

A contract was renegotiated for recalcitrant patients hospitalized at Kilby Hospital and the Tutwiler Infirmary. The contract provides for one bed as needed for male patients at Kilby Correctional Facility and one bed at Julia Tutwiler Facility for females. The recalcitrant court order program is only utilized for the extremely difficult tuberculosis patient. These beds are used as a last resort effort when all public health measures have been exhausted to get the infectious patient to take his medication. In these few instances, the court must determine that the patient has infectious tuberculosis and must be declared a public health hazard to his family and community. Patients are kept for a minimum of six weeks. Failure to report to the county health department clinic as recommended after discharge may result in the rehospitalization of the patient at the correctional facility. The contract serves primarily as a deterrent as only two patients were admitted under the program in 1985. The two patients had a cumulative total of 169 days with an average stay of 84.5 days. The recalcitrant contract cost the state tuberculosis budget $12,630 in 1985.

The Tuberculosis Division and the State TB Laboratory continue to participate in a drug resistance study with the Centers for Disease Control in Atlanta. Results of the study, which began in 1976, indicate that Alabama continues to have one of the lowest drug resistance rates in the nation.

The Tuberculosis Division, in cooperation with the Bureau of Public Health Nursing, planned and conducted a series of tuberculosis programs in all areas of the state. Public health nurses and other personnel attended these sessions and were updated on the latest concepts of the

TABLE 9-18
CONTRACT HOSPITAL INFORMATION
JANUARY 1985-DECEMBER 1985

Hospital	Admissions	Discharges	Patient Days	Average Pt. Stay
BMC-Montclair Birmingham	66	69	944	13.7 days
Baptist Memorial Gadsden	13	14	132	9.4 days
The Children's Birmingham	4	4	62	15.5 days
Druid City Tuscaloosa	24	24	248	10.3 days
Eliza Coffee Mem. Florence	18	18	196	10.9 days
Huntsville Hospital Huntsville	33	33	709	21.5 days
St. Margaret's Montgomery	7	8	182	22.8 days
Univ. of So. Ala. Medical Center Mobile	29	30	292	9.7 days
TOTAL	194	200	2,765	13.8 days
Board of Corrections	4	3	288	96.0 days

TABLE 9-19
CONTRACT HOSPITAL INFORMATION
OCTOBER 1, 1984-MARCH 31, 1985

Contract Hospital	Current Bed Allocation at $30 Per Day	Admissions	Discharges	Total Pat. Days	Average Patient Stay	Average Per Diem Cost	Total Hosp. Cost	Average Hosp. Cost Per Pat. Treated
BMC-Montclair Birmingham	10	36	37	637	17.2	$468.34	$298,332.63	$8,063.04
Baptist Memorial Gadsden	5	7	7	83	11.9	$281.37	$23,353.59	$3,336.23
Children's Hospital Birmingham	3	1	1	3	3.0	$523.75	$1,571.25	$1,571.25
Druid City Tuscaloosa	9	17	18	157	8.7	$480.19	$75,389.68	$4,188.32
Eliza Coffee Mem. Hosp. Florence	2	11	11	129	11.7	$369.75	$47,697.99	$4,336.18
Huntsville Hospital Huntsville	5	17	15	202	13.5	$548.57	$110,812.14	$7,387.48
St. Margaret's Hosp. Montgomery	3	5	6	77	12.8	$362.59	$27,919.50	$4,653.25
University of South Ala. Medical Center Mobile	7	17	16	114	7.1	$335.94	$38,296.91	$2,393.56
TOTALS	44	111	111	1,402	12.6	$444.63	$623,373.69	$5,615.98
State Board of Corrections	1	2	0	125	—	—	—	—

modern management of tuberculosis. Several key members of the State Tuberculosis Medical Advisory Council conducted these sessions, which included such topics as tuberculosis transmission, pathogenesis, infectiousness, tuberculin skin testing, therapy and preventive treatment. Evaluation forms from those attending indicated that the staff development sessions were highly successful.

Due to recently reported case increases in children plus several requests from health officers, the State TB Medical Advisory Council revised the guidelines for tuberculin testing so that increased emphasis could be placed on screening children. Specifically, a greater priority for health department tuberculin testing will be placed on children 12-18 months and those 4-6 years of age. During the year, there were several infants reported with active disease who were resistant to isoniazid.

In February 1985, the American College of Chest Physicians' Consensus Conference on Tuberculosis released its report. One of the recommendations included increased blood chemistry monitoring for persons 35 years and older on isoniazid preventive therapy. Initial calculations indicated that the increased hepatotoxicity monitoring would cost the state tuberculosis budget an additional $50,000 in private laboratory fees. As a result of the estimated increased laboratory costs, arrangements were made with the State Laboratory to begin performing the blood work in November. With the State Laboratory performing the blood chemistry monitoring, it is estimated that the Tuberculosis Program will save approximately $22,000 annually.

Tuberculosis incidence rates among prison inmates continue to be several times greater than that for the general population. Because of a number of cases which

were reported among inmates in the prisons and work release centers, a committee was appointed to draft new guidelines to deal with these problems. A draft of these guidelines has been approved and referred to the TB Advisory Council Executive Committee for further study. One major change in the guidelines will make the health department and the Tuberculosis Program responsible for the epidemiology when a case is reported in the prison.

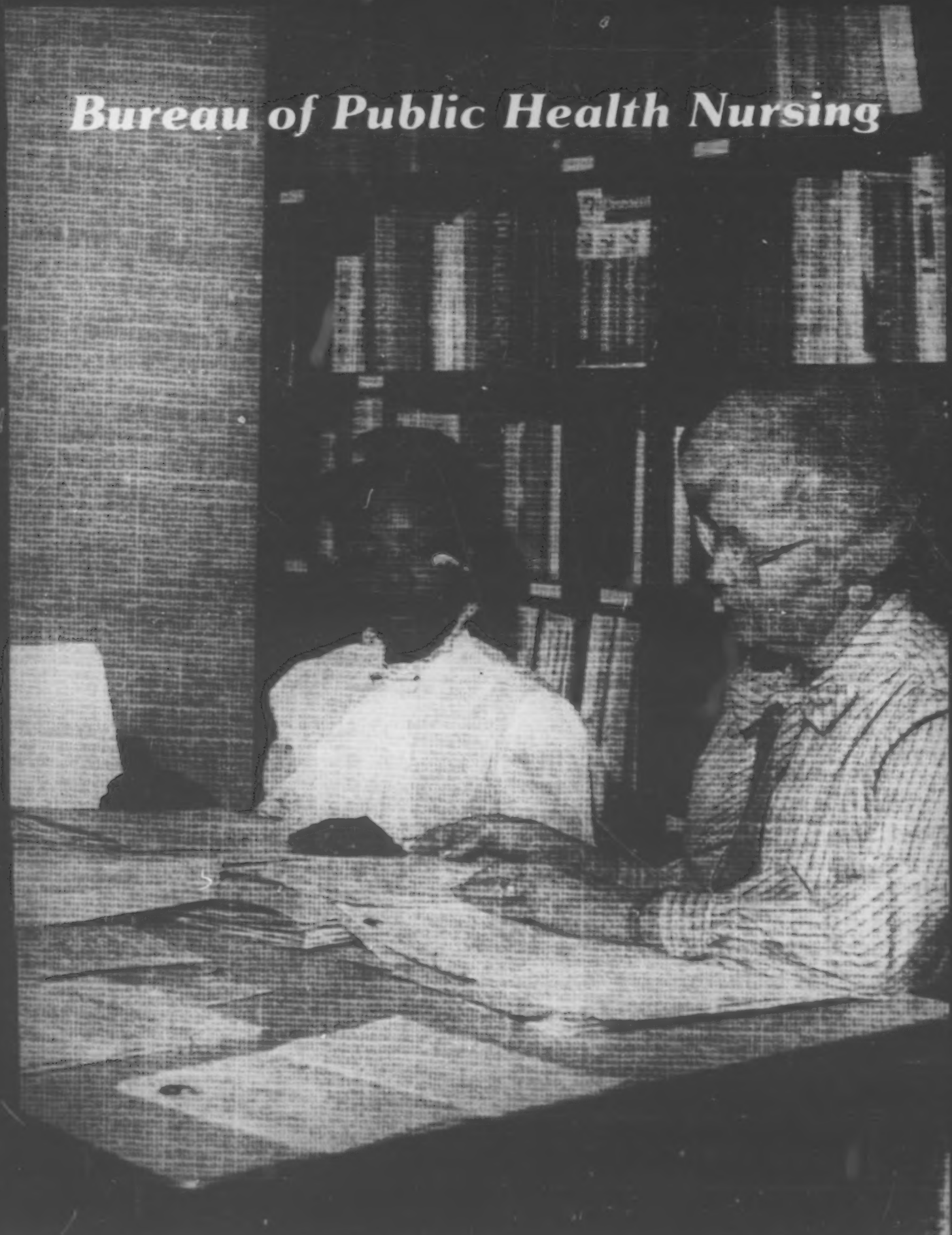
The Tuberculosis Program continued high priority research studies with the Centers for Disease Control. These studies include Drug Resistance, TB Patient Occupational and Residential Study, and Study 21 (Short-Course Therapy for Cases). Only Mobile and Jefferson counties are participating in the latter study, which compares the effectiveness of a nine months' treatment program of two drugs (INH and Rifampin) with a six months' three-drug regimen, (INH, Rifampin and Pyrazinamide). Thus far, the six months' regimen looks very promising.

The categorical tuberculosis program field personnel, including full-time nurses and representatives, continue to assist the county health departments with priority tuberculosis control activities. They also worked with private physicians, hospitals, nursing homes, and other agencies in connection with TB prevention and treatment programs. In addition to epidemiological duties, the tuberculosis personnel provided services to patients attending clinics and for outreach activities. They performed numerous field visits in connection with priority services to patients, contacts and suspects. The personnel were also involved with special screening activities including selected nursing homes, prisons, and other high risk groups. They also were responsible for conducting special inservice programs for health department personnel and employees of other health care agencies.

During 1985 the X-ray technicians held 886 regular and outpatient clinics at the county health departments, nursing homes and other clinic sites. During these clinics, 8,787 chest X-ray examinations were performed. The technicians are responsible for maintaining all X-ray film files and performing minor repairs on X-ray machines, sputum induction machines, Ped-O-Jet skin testing guns and other related equipment. They also performed epidemiological activities as needed.

The Alabama Tuberculosis Program Performance and Evaluation Indices are among the best in the nation. Some of the priority performance information for 1985 includes the following: sputum conversion of cases within three months, 92 percent; sputum conversion within six months, 99 percent; cases completing multiple drug therapy within 9 to 12 months, 99 percent; percent of identified contacts examined, 99 percent; average number of contacts per case, 8.38; and the percentage of close contacts completing prescribed preventive therapy, 91 percent. All personnel who work in tuberculosis control activities should be proud of these program performance indices.

Bureau of Public Health Nursing



BUREAU OF PUBLIC HEALTH NURSING

The mission of the Bureau of Public Health Nursing is to establish and maintain standards of practice of public health nursing to the end that all patients served by the Alabama Department of Public Health are assured of quality patient care provided by competent, knowledgeable nursing professionals.

The bureau's goal is to encourage and to develop leaders and innovators to promote healthy lifestyles; to facilitate access to the health care system; and to identify and provide health teaching and nursing service to patients in the home, school, industry or public health setting.

The bureau continues to serve as patient advocates and as change agents to improve the overall health status of the people of Alabama, recognizing the influence of political, legal, economic, social and ethical forces on the staff's practice.

The Bureau of Public Health Nursing is composed of three divisions; the Division of Administrative and Support Services, the Division of Public Health Nursing Education and Research, and the Division of Home Health Services.

Division of Administrative and Support Services

This division is responsible for providing public health nursing consultative services to public health area and local nursing personnel and other persons or agencies as requested. The recruitment of nursing personnel and, where feasible, interviewing potential employees is conducted to assist in the selection of nursing employees. Working closely with the Division of Personnel and Training Services, this division is involved in determining nursing acuity on the local level and development of job descriptions and long-term planning to determine nursing personnel needs.

Table 10-1 indicates the nursing personnel status as of December 31, 1985.

TABLE 10-1
NURSING PERSONNEL
SUMMARY INFORMATION
1985

Nursing Personnel	No. in Merit System	No. on Contract	Total
Bureau Staff—RN	11		11
Other State Staff—RN	44		44
Public Health Area I			
Nursing Staff—RN	77	9	86
Nurse Practitioners	8		8
Licensed Practical Nurses	1		1
Home Health Aides	43	11	54
Total Nursing/ Ancillary Personnel	129	20	149
Public Health Area II			
Nursing Staff—RN	29	1	30
Nurse Practitioners	3		3
Licensed Practical Nurses	6		6
Home Health Aides	18	4	22
Total Nursing/ Ancillary Personnel	56	5	61
Public Health Area III			
Nursing Staff—RN	121	8	129
Nurse Practitioners	3		3
Licensed Practical Nurses	0		0
Home Health Aides	37	8	45
Nursing Assistants		18	18
Total Nursing/ Ancillary Personnel	161	34	195
Public Health Area IV			
Nursing Staff—RN	76	35	111
Nurse Practitioners	4		4
Licensed Practical Nurses	0		0
Home Health Aides	34	30	64
Total Nursing/ Ancillary Personnel	114	65	179
Public Health Area V			
Nursing Staff—RN	117	9	126
Nurse Practitioners	4		4
Licensed Practical Nurses	2		2
Home Health Aides	85	47	132
Total Nursing/ Ancillary Personnel	208	56	264

TABLE 10-1 (continued)
NURSING PERSONNEL
SUMMARY INFORMATION
1985

Nursing Personnel	No. in Merit System	No. on Contract	Total
Public Health Area VI			
Nursing Staff—RN	100	3	103
Nurse Practitioners	6		6
Licensed Practical Nurses	2		2
Home Health Aides	37	16	53
Total Nursing/ Ancillary Personnel	145	19	164
Statewide Total Nursing Personnel			
Nursing Staff—RN	575	65	640
Nurse Practitioners	28		28
Licensed Practical Nurses	11		11
Home Health Aides	254	116	370
Nursing Assistants		18	18
Grand Total Nursing/ Ancillary Personnel	868	199	1,067

Forty-one applications were received, reviewed and forwarded to the Division of Personnel and Training Services with recommendations for classification and grading.

Nursing personnel action for 1985 included: resignations, 39; retirements, 2; retirement disability, 3; voluntary demotions, 3; suspensions, 2; layoffs, 3; expiration of temporary appointments, 5; dismissals, 1. There were 58 separations during 1985. In addition there were 50 replacements of full-time employees, 3 replacements of part-time employees, 39 new positions filled by full-time employees, 1 new part-time position, 2 temporary replacements, and 3 new temporary positions. There were 98 nurses employed in 1985 and 33 nurses who received promotions.

Table 10-2 indicates the recommended ratio of public health nurses of 1:5,000 (one nurse to 5,000) population who are providing generalized public health services. For nurses providing public health nursing services including home health, the ratio is 1:2,500 (one nurse to 2,500 population). The statistics indicate a slight increase in nursing personnel, but fall short of the nationally recommended staffing patterns.

The 1984 Senate Joint Resolution-62, Scoliosis Program, was launched with some degree of success. Training programs were again provided. The Scoliosis Manual was updated and an annual report is being prepared for members of the Alabama Legislature.

TABLE 10-2
EDUCATIONAL PREPARATION
OF NURSING PERSONNEL
1985 and 1985

	1985	1984
Diploma/Associate Degree	406	386
Baccalaureate Degree	148	139
Master's Degree	19	17
Master's Degree in Public Health	2	3
Clinical Nurse Specialist	1	
ANA Certification in Community Health Nursing	5	3

Although all schools did not fully implement the screening of all children ages 11 through 14, it is impressive that 164,116 students were screened and 1,112 children were referred for physician examination. Forty-six of those referred were prescribed braces, while seven students had orthopedic surgery. Public health nurses played a major role in the training of school personnel, rescreening of children, and the referral and follow-up activities. Much education has gone into teaching staff to report data as requested and it is expected that the 1986 data will be appropriate for computerization.

Student nurses from Auburn University, Auburn University at Montgomery, Troy State University, University of South Alabama, University of Alabama at Birmingham, Capstone College of Nursing at the University of Alabama in Tuscaloosa, University of Alabama at Huntsville and the University of North Alabama in Florence have utilized public health nursing facilities for student experiences during the past year. The public health nursing directors, consultants, supervisors and staff nurses have worked together to plan, implement and develop positive learning experiences for these students.

Eight students requested and received permission to conduct basic research or to receive special experience in specific areas of public health nursing. They all worked under a preceptor and provided feedback of their experience.

Bureau nursing staff and public health area nursing directors focused on activities which included orientation, assistance with staff development, organization of local inservice training to meet immediate needs of local staff, audit for quality assurance, involvement in program development, attention to increasing productivity of nursing and ancillary staff, and implementation of the Unified Medical Record. They have also been involved in promoting collaboration with other organizations to meet the health needs of their communities.

Much work was involved in determining how to provide the hepatitis B vaccine for public health workers at risk. It is expected that this vaccine will be available in early 1986.

TABLE 10-3
RATIO OF REGISTERED NURSES IN PUBLIC HEALTH
TO POPULATION
1985

Area	Population	Nurses Full-Time Employees	PHN Projected Need—Ratio (1:5,000)	PHN Projected Need—Home Health (1:2,500)
PHA I	767,618	85	153.5	307
PHA II	235,851	32	47.1	94
PHA III	921,997	124	184.3	369
PHA IV	527,910	80	105.5	211
PHA V	784,934	121	157.0	314
PHA VI	721,399	106	144.2	289
TOTAL	3,945,692	548	790.0	1,584

Honors bestowed upon public health nurses during 1985 included the Frederick S. Wolf Award, election as secretary of the Southern Health Association and appointment as chairman of the Membership Committee of the Alabama State Nurses' Association, service on the Nurse Practitioner Site Review Committee of the American Nurses' Association, service as chairman of the Nursing Section of the Alabama Public Health Association, election as president of the Alabama State Nurses' Association, membership on the Commission on Nursing and service on the Board of Directors of the Alabama Association of Home Health Agencies.

The Support Division is cognizant of the need for cost-effective health care. It is committed to planning, evaluating, record documentation and promoting quality assurance in public health nursing programs to obtain excellence in the provision of public health nursing services.

PUBLIC HEALTH NURSING GOALS FOR 1986

1. Provide direction, consultation and assistance for directors in the performance of their duties within public health service areas.
2. Develop leadership skills for public health area nursing directors, consultants, supervisors, coordinators and staff nurses.
3. Develop mentor skills, techniques and relationships at all levels of health care.
4. Promote concepts and practice of public health nursing principles.
5. Promote the knowledge and practice of the principles of public health nursing based on scientific nursing theory.
6. Empower public health nurses to influence public policy on nursing and other health issues.
7. Improve the image and self-confidence of ublic health nurses, thereby increasing job satisfactio and promoting quality nursing service.
8. Be a leading force as a change agent and ptient advocate in the promotion of health services.
9. Coordinate and collaborate with other healt and social agencies or institutions.
10. Develop, promote and interpret ethical behavr for public health nursing personnel as theyface dilemmas in the provision of health care.
11. Develop, interpret and evaluate standards of pctice for public health nurses.
12. Maintain quality assurance utilizing the nrsing process.
13. Direct the Home Health Program in complianc with the conditions of participation and all other established policies.
14. Uphold the Alabama Board of Nursing Adminisative Code.
15. Adhere to the code of nursing developed b the American Nurses' Association.
16. Adhere to the policies of the Alabama Departrent of Public Health, Bureau of Public Health Nursig and other bureaus that affect the practice of publicealth nursing.

Division of Public Health Nursing Education and Research

The provision of educational opportunities forublic health nurses and home health aides was the pmary activity of the Division of Public Health Nursing Edcation and Research in 1985.

Public Health Nursing staff development progra were conducted three times during the year, each at 1 sites throughout the state. The following is a summarpf the three staff development program series.

Winter Series (January 9 through March 1, 1985) "Tuberculosis" and "Alabama Public School Scoliosis Screening Program"—The morning session of the workshop provided public health nurses with current information about tuberculosis to enable them to be knowledgeable of their role in patient assessment, management and contact follow-up. Physicians on the state Tuberculosis Control Medical Advisory Council were the presenters.

The afternoon session was on the "Alabama Public School Scoliosis Screening Program." Physical therapists and nurses from Crippled Children's Service, along with the staff development coordinator of the Bureau of Public Health Nursing, provided information and guidelines needed to coordinate the Alabama public school scoliosis screening program.

A total of 359 public health nurses attended. Additionally, 212 school personnel attended the scoliosis screening portion of the program.

Spring Series (May 1 through June 21, 1985) "Communicable Diseases in Day-Care Centers"—The state epidemiologist and director of the Bureau of Epidemiology and Consultation presented a one-day workshop, Communicable Diseases in Day Care Centers. The purpose of this workshop was to provide current information regarding the epidemiology of communicable disease for children at risk in day-care centers and to identify the public health nurse's role for the aggregate group in the community.

A total of 306 public health nurses attended these programs.

Fall Series (September 4 through November 8, 1985) "Coding for the Daily Activity Report and for the Cost Accounting Time Study"—Coding for the Daily Activity Report and for the Cost Accounting Time Study was discussed at this workshop. Information was provided to enable each public health nurse to code accurately and consistently as well as to understand the use of these reports. Attendance for this series totaled 383 public health nurses.

Home Health Aide Workshops were conducted twice during the year, each at 11 sites throughout the state. The Division of Public Health Nursing Education and Research provided the background material, films, and handouts for the public health area nursing directors, who presented the workshop(s) in their areas. The following topics were covered.

March 5 through May 10, 1985 "Nutrition for the Elderly" and "Reflections of an Aide"—Basic nutrition was reviewed and special considerations for good nutrition in the elderly patient were discussed.

During the afternoon session, aides were given the opportunity to look at the image that they portray to the public of themselves and the health department in which they work—both by their appearance and by their actions.

A total of 186 home health aides and 35 public health nurses attended these workshops.

October 10 through December 6, 1985 "Home Health Aide Manual"—The newly revised *Home Health Aide Manual* was distributed and reviewed.

A total of 191 aides and 50 public health nurses attended these workshops.

Public Health Nursing State Orientation sessions were conducted in 1985. A total of 16 public health nurses attended the program held March 25-29, 1985, and 20 public health nurses attended the program held September 30 through October 4, 1985.

Public Health Nursing Supervisors' Workshop was held on November 13-14, 1985, in Montgomery. The principal topic was the Employee Assistance Program which has been developed and is being conducted by the Alabama Department of Mental Health. Drug abuse was an area discussed because of the number of nursing personnel who are at risk for involvement. One session addressed women's health problems that affect productivity and ways to assist personnel in referral and coping mechanisms.

Current issues such as AIDS were discussed with the group by the state health officer for information and clarification.

Sixty-eight public health nursing supervisors and directors attended this program.

The University of Alabama at Birmingham Genetics Program presented four workshops titled "Screening for Genetic Disorders," one in each of the public health areas covered by its program. The workshops were a review and update of all aspects of genetic screening in the health department setting. The workshops, held during July and August, were attended by 61 public health nurses.

A workshop on Care of the Hickman Catheter on April 30, 1985, was presented at the request of the Division of Public Health Nursing Education and Research. A total of 21 public health nurses attended.

The Spain Rehabilitation Center, Division of Training, held a 1½ day workshop using the train-the-trainer concept. The program, titled "New Dimensions of Skin and Wound Care," was given with specific instructions on how to teach this material. Eleven county public health nurses, the six public health area nursing directors, and the staff development coordinator of the Bureau of Public Health Nursing attended. The county public health nurses will present mini-workshops to public health nurses in their areas.

The following additions were incorporated into the Public Health Nursing Policy and Procedure Manual:

AIDS Care Plan

Gastrostomy, Duodenostomy or Jejunostomy Peristomal Skin Care Procedure

Gastrostomy, Duodenostomy or Jejunostomy Tube Change Procedure

Cardiopulmonary Resuscitation in the Home Policy (written by the director and deputy director of the Bureau of Public Health Nursing)

Flexible Small-Bore Feeding Tube Policy

Flexible Small-Bore Feeding Tube Precautions: addendum to Gastric Intubation Procedure

The *Home Health Aide Manual* was revised in 1985. One copy was distributed to each full-time home health aide and one to each home health coordinator. The manual was reviewed with the home health aides and home health coordinators at the fall Home Health Aide Workshops.

Other Activities

County Slide Presentations—The Division of Public Health Nursing Education and Research coordinated production of county slide/tape presentations depicting local county health department services for Geneva and Crenshaw counties. This was done in cooperation with the Bureau of Primary Prevention, Division of Graphic Communication, and the county public health nursing supervisor and environmentalist. The Walker County

slide/tape presentation produced prior to 1985 was edited and retaped this year.

Programs of study are being written for procedures which are within the scope of nursing practice, but beyond basic nursing educational preparation. These programs will be available through the division for self-study or for use in presenting mini-workshops at the local level. Insertion of the gastrostomy tube and the use of the Hickman catheter is complete.

Two surveys of public health nurses were conducted and compiled during the summer of 1985. Results of a needs assessment survey and a survey to identify nurses proficient in certain special procedures are being used to assist in determining the direction of educational activities for the coming year.

The home health brochur, "Public Health Nurses Make House Calls," was completed and distributed at the state and local level. The brochure enhances marketing activities currently underway in many of the local health departments.

Committees—The Home Health Record Committee has developed a home health record to assist public health nurses in documentation. This record has been piloted in three counties and is expected to be ready for distribution the summer of 1986. The target date for implementation statewide is October 1, 1986.

The Orientation Procedure Manual Committee is reviewing the orientation procedure and developing a manual to be used on a statewide basis for new nursing personnel.

The Nursing Standards Committee is working to revise and develop skill level and competencies for public health nurses.

The Nursing Job Specification Committee is studying job specifications and making recommendations for revamping public health nursing classifications.

For 1986 and beyond, public health nursing is committed to meeting the demands of the consumers of health care; to meeting the demands of fiscal intermediaries for greater fiscal responsibility; and to competency in providing patient-oriented care that makes a difference and that can be documented with accuracy, efficiency and cost effectiveness. The bureau will strive to advance the profession, but at the same time provide the skills of nursing in a caring, holistic manner, always mindful of the total health needs of the patient, his family, aggregate groups and the community served.

Five trends affecting public health nursing that will be addressed in the coming year are:

1. Increasing proportion of older patients.
2. Trend toward teaching effective lifestyles and values.
3. Cost containment in the provision of health care (perhaps preventive health will become, at last, a respected alternative in the health care field).
4. Technological advances will require capable, well-prepared nurses who can consistently detect the potential for health compromising complications, make sound judgments and take immediate action.
5. Nursing professionals must study carefully their role in cost containment.

The settings for practice in the next decade are expected to differ considerably from today's practice areas which means public health nursing must be creative and a force in the changing system rather than being reactors.

Division of Home Health Services

Change, change and more change were the mode of operation in the Medicare home health program during fiscal year 1985. On October 1, 1984, the Division of Home Health Services was transferred from being a provider serviced by the fiscal intermediary of the Office of Direct Reimbursement, Health Care Financing Administration, to Prudential Insurance Company of America. As a result, this brought about additional changes having to be made in plans of care and billing processing which affected not only the division's operations but operations of the subunits and the Bureau of Health Data Systems as well.

Hardly had the fiscal intermediary changeover problems been resolved when the Health Care Financing Administration ruled that all home health providers would be required to use uniform plan of treatment forms provided by the Medicare program. Less than one month's notice was given for implementing the forms. A statewide meeting was held on January 2, 1985, in Montgomery to instruct subunit staff on the proper methodology for completing these new forms and as of that date use of the form was implemented.

The hue and cry of the home health industry nationwide resulted in the Health Care Financing Administration's appointment of a committee comprised of representatives from Health Care Financing Administration, fiscal intermediaries and home health providers with the charge to revise or redesign the form. Unfortunately, a representative from the department was not appointed to this committee. Positive written comments were submitted, however, regarding the form.

In July the department was notified the plan of treatment form had been redesigned. The fiscal intermediary, Prudential, held a regional instructional meeting in Atlanta on July 30, 1985, for the use of new forms. Four members of the division's staff attended, whose responsibility it became to orient all subunit staff on the proper procedures for completing and submitting the forms. Use of the redesigned form date of implementation was September 1, 1985. Nine one day workshops were held in less than six weeks to accomplish this task.

During the time of the alteration and transformation of the plan of treatment form, notice was received that the uniform billing form would be operational for all home

health providers no later than Octoer 1, 1985. In June Prudential staff held a workshop irMontgomery to give instructions on proper use of the bilhg form. Nursing and clerical staff from all subunits as we as division staff and Health Data Systems staff attendedPrudential electronic media representatives also held a ata systems regional meeting in Montgomery for electronimedia providers from Alabama, Florida and Mississippi to istruct data personnel on programming and submission of ata, including billing, through the computerized magnet tapes disks and/or diskettes. The switch over to us of the Form-1450 produced massive problems for the rogram. One problem was that part of fiscal year 1985 dat was entered through the old programming system and art through the new system. To retrieve data that woul be valid and usable, with both systems interfacing, has been a near impossibility. The timing of the implmentation of the new billing system caused a backlog of bl processing which in turn affected the cash flow to suunits for payment of services rendered.

Prudential's audit division schedled an indepth audit of the fiscal year 1984 cost report. The udit began in July and was finalized in September with sme adjustments being made to the report as submitted.

Compliance reviews were alsc implemented by the Regional Claims Services, Medic Review Division, of Prudential. Two subunits, Dale County and Cullman County, received site visits by a iree member team of nurses from Prudential late in the ear. A predetermined random sampling of patient record clinical and financial, was reviewed by their staff and hoe visits were made to selected patients. Both Dale and ullman counties were found to be in compliance anc the team was most complimentary of the program's oration.

Even with all of the problers and accompanying frustrations of the changes subuits have continued to expand and show an increase inservices rendered and patients served. During fiscal year 985, the subunits made

285,922 home visits to 10,048 patients as compared with 255,548 visits to 9,522 patients in fiscal year 1984. Jefferson County Department of Health, a separate provider, also experienced an increase during the year by making 55,617 visits to 1,099 patients admitted as compared with 54,784 visits to 736 patients in fiscal year 1984. Statewide during 1985 341,539 visits were made to render service to 11,147 patients.

The division's subunits' activities of patients served by program—Medicare, Medicaid, or Disease and Disability—are Medicare, 6,805; Medicaid, 1,804; and Disease and Disability, 1,439. This indicates a 5.2 percent increase in number of patients served compared with the previous year. Graph 10-1 indicates this growth. The 1985 visits by program were Medicare, 178,536; Medicaid, 68,370; and Disease and Disability, 39,016 which includes service visits ordered by the physician and rendered to Medicare and Medicaid patients which were deemed nonreimbursable by Medicare or Medicaid. Graph 10-2 indicates visits made in fiscal years 1981-1985.

Disciplines of services rendered throughout the state slightly increased again this year in the 61 subunits. One hundred percent provide skilled nursing and home health aide services; 70 percent provide physical therapy; and 30 percent provide speech therapy. Only 10 subunits provide occupational therapy, three continue to provide medical social services and one provides respiratory therapy. Other services available in one subunit are nutritional services, oncology therapy and enterostomal therapy. Chart 10-1 indicates services available in each county. Contracts with agencies and institutions are being supported which will provide a wide range of services for the subunits' program. One such agreement is presently in effect in Etowah County with Baptist Memorial Hospital which provides all of the therapy services, social services, nutritional services and high technology nursing therapy services. Other such agreements are presently being discussed and negotiated throughout the state.

GRAPH 10-1
NUMBER OF PATIENTS
HOME HEALTH AGENCY SUBUNITS
COUNTY HEALTH DEPARTMENTS
FISCAL YEARS 1981-1985

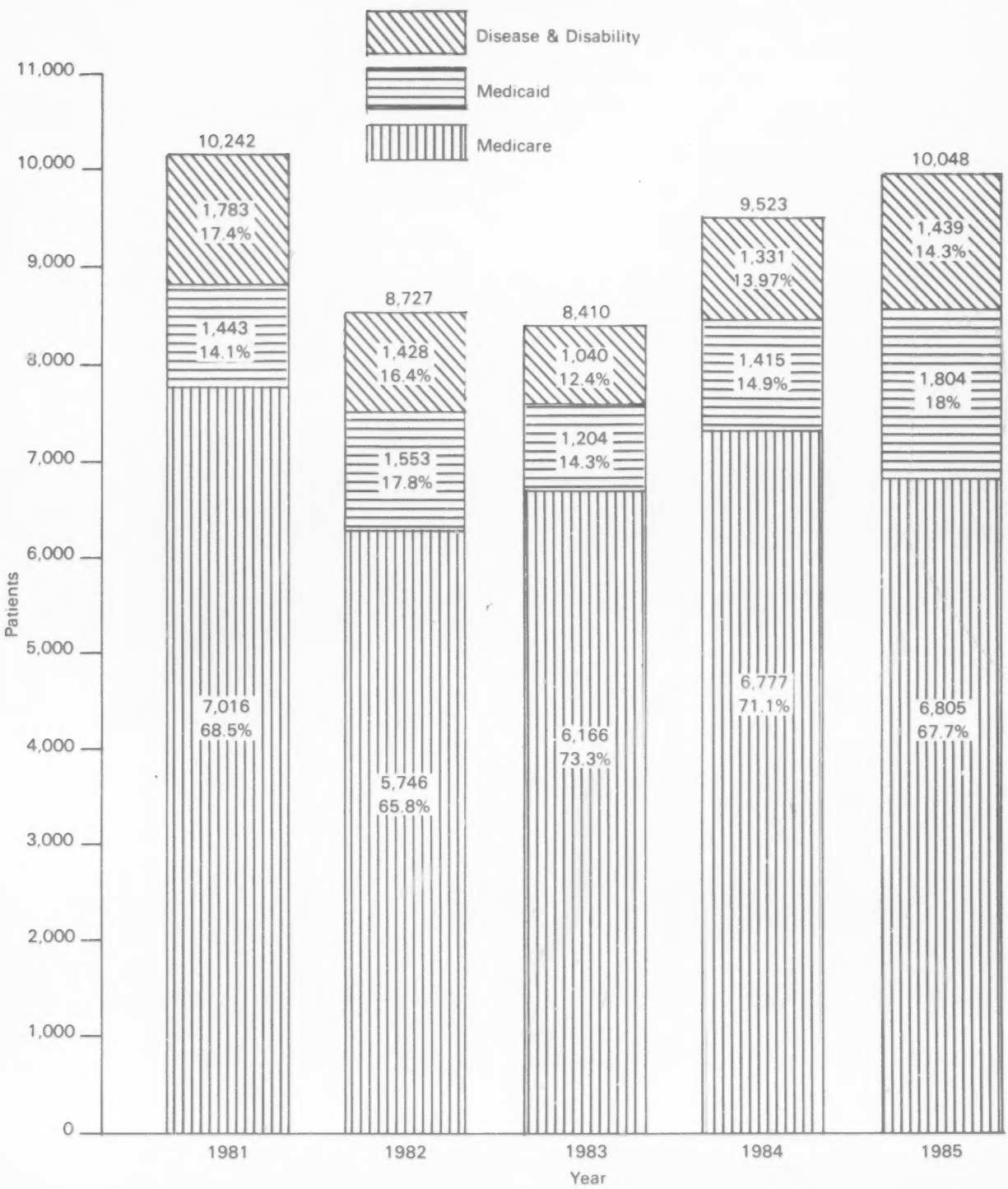
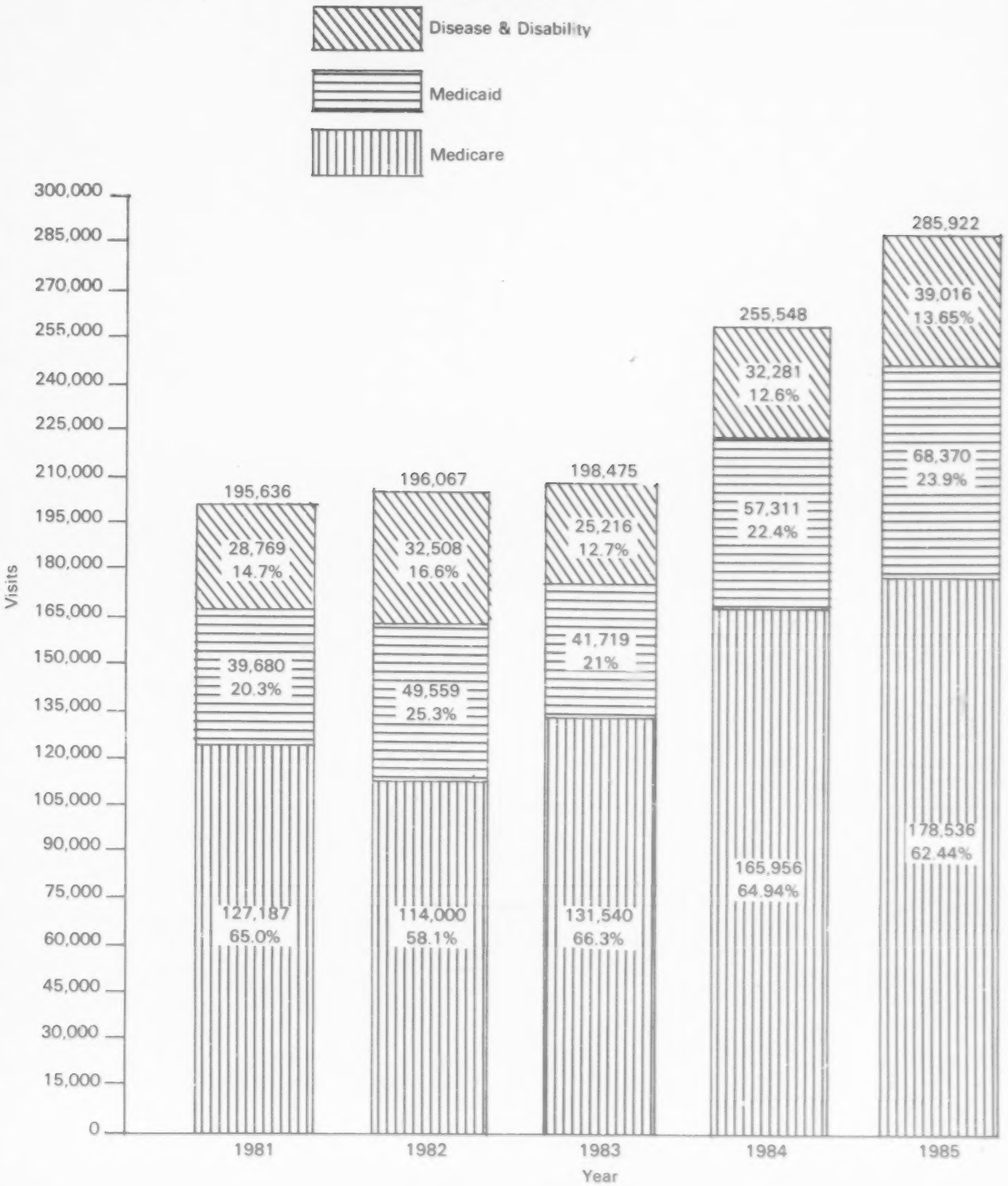


CHART 10-1
HOME HEALTH SERVICES AVAILABLE
HOME HEALTH AGENCY SUBUNITS
FISCAL YEAR 1985

GRAPH 10-2
VISITS
HOME HEALTH AGENCY SUBUNITS
COUNTY HEALTH DEPARTMENTS
FISCAL YEARS 1981-1985



Little emphasis has previously been placed on home care for the working age population and children and youth of Alabama. A major thrust has been undertaken to ameliorate this disparity. Public relations and marketing programs have been devised to inform the lay and professional communities that home health services are available to all persons, regardless of age, who meet the admission criteria. Additionally, other agencies and institutions serving the pediatric and youth groups have been apprised of the home health program and cooperative endeavors are ongoing to enhance service to this group.

Concomitant with the expansion of services throughout the state is the expansion of knowledge of staff to provide these services to the sicker patients with more sophisticated technological procedures being rendered in the home setting. These educational experiences have been scheduled through the Bureau of Public Health Nursing's Division of Education and Research utilizing bureau staff or in cooperative agreements with institutions of higher education and/or specialized institutions.

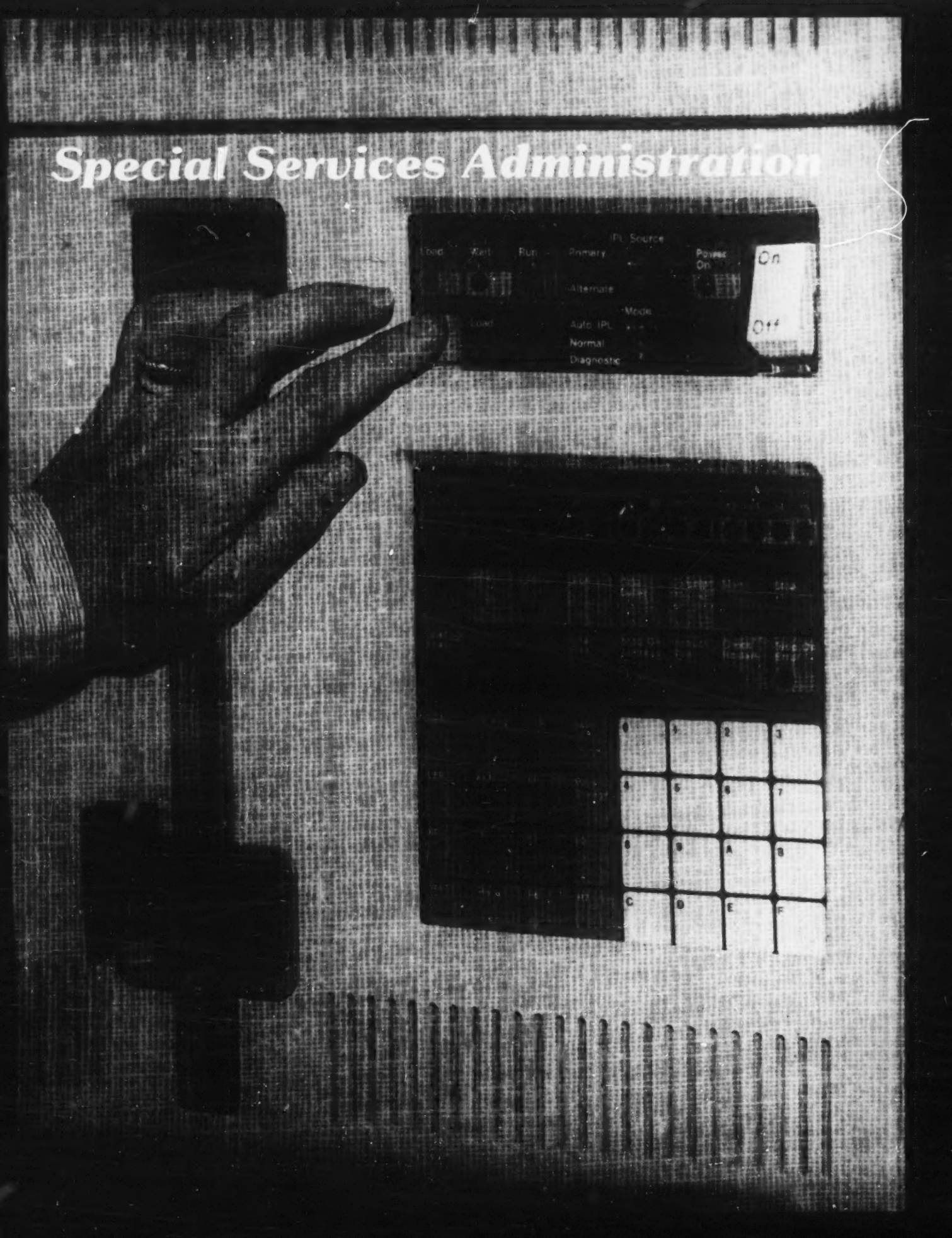
Rendering of quality care to persons referred for service has always been the division's primary goal. During this year the need for a quality control/quality assurance staff to perform in concert with already established activities of bureau and division staff has been identified. Job descriptions have been written and position justifications made. It is anticipated that this unit will be operational early in 1986 which should even greater enhance the program and delivery of services.

The 10 counties which were awarded home health expansion grants through the U.S. Public Health Service all became operational in early fiscal year 1985. The total amount of funding granted these counties was $402,756. Each county subunit increased the number of patients served as well as increased the number of visits made as compared with the previous 12 months' home health activity in the county.

None of the counties was able to add disciplines of service to services available but all did expand services into underserved areas of the counties. It is not known if any home health expansion funds will be available for fiscal year 1987. State and local staff are continually recruiting to attract additional disciplines of service in all county subunits.

Quality patient care rendered economically and cost efficiently remains the top priority of the program. With the added checks and balances, programming and processing, additional paper work and monitoring being imposed by the Health Care Financing Administration home health costs continue to rise despite efforts to keep these costs reasonable and affordable.

Special Services Administration

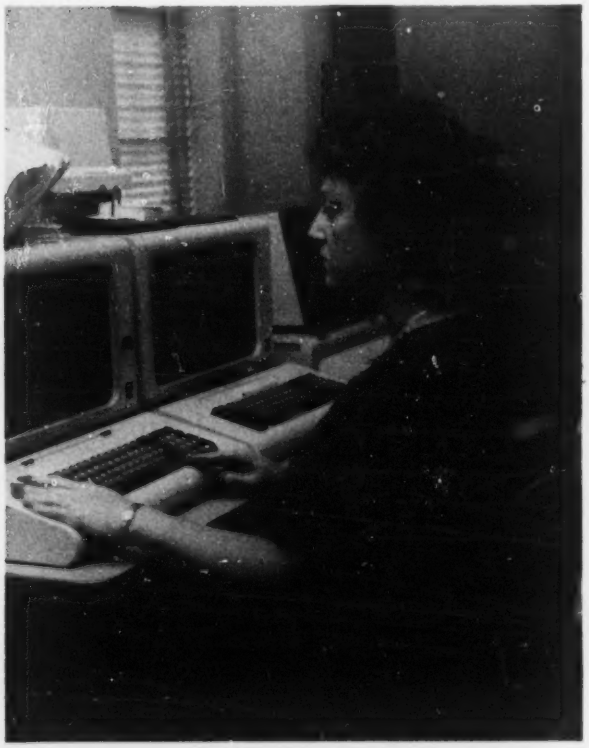


SPECIAL SERVICES ADMINISTRATION

The Special Services Administration provides services to the public and to other units of the Alabama Department of Public Health. The administration director serves as state registrar and director of the Bureau of Vital Statistics. The administration is also responsible for supervising the bureaus of Health Data Systems and Primary Prevention. A report of the administration's activities follows.

BUREAU OF HEALTH DATA SYSTEMS

The Bureau of Health Data Systems is responsible for developing and maintaining information systems and in so doing, providing data services for 23 users within the Alabama Department of Public Health. The major objective for 1985 was to continue to provide an increased level of service. In order to accomplish this and to meet an increased workload it was necessary to evaluate the effectiveness of many existing automated systems. This evaluation was to determine how the systems may be redesigned to operate in a more modern automated environment. This approach has allowed the bureau to meet several critical time frames never before met by the health department.



Division of Data Services

The Data Services Division consists of a manager of data services, one computer operations supervisor, two computer operators, two data entry supervisors, 21 data entry operators and three data control librarians. The data entry staff is handling an increased workload of 15 percent or 590 million characters of data. Operations and Production Control produced 27,575 jobs consisting of the execution of in excess of 56,000 programs and 110 million lines of printed output.

Division of Technical Services

The Division of Technical Services is challenged with the responsibility for maintaining existing computer programs, altering existing programs, and developing and implementing new programs.

During the year much effort and major improvements occurred in services to the following units of the health department: Division of Finance, General Finance and Cost Accounting; Bureau of Public Health Nursing; Division of Emergency Medical Services; Bureau of Preventive Health Services, Division of Sexually Transmitted Disease Control, Division of Tuberculosis Control; Family Health Administration, Women, Infants, and Children Program, Family Program, Well-Child Program, Maternity Program and Cancer Detection Program. Activities consisted of enhancements of existing applications as well as major new development in some areas.

Major development emphasis for 1986 will include a financial network, the Bureau of Vital Statistics, Family Health Administration and the Bureau of Preventive Health Services. The initial steps to assist county health offices to automate will be accomplished during 1986. All development is expected to upgrade to a more state-of-the-art on-line environment.

BUREAU OF PRIMARY PREVENTION

The emphasis that the state health officer places on education and information has resulted in growth of this unit of the Alabama Department of Public Health. The importance of them as the first defense against disease is reflected in the name change to the Bureau of Primary Prevention early in his tenure. The basic emphasis on service has continued, but activities have increased.

To compensate for limited funds and lack of staff, the bureau has utilized the resources of other states and the expertise of the Centers for Disease Control. The bureau has met the health needs of more citizens by cooperating

with other groups. The coordination of projects with the Commission on Aging has resulted in better service to the elderly. A coordinated system was established between the department, the U.S. Weather Service and the Alabama Emergency Management Agency to notify the public in case of unusual weather conditions.

Bureau staff have assumed leadership roles in planning workshops, educational sessions and meetings to inform the public and professionals about good health practices and to promote healthy lifestyles. Staff members participated in planning programs for the joint meeting of the Southern Health Association and the Alabama Public Health Association, the annual meeting of the Rural Health Association, the Governor's Conference on Drug Awareness, the Governor's Conference on Traffic Safety, and the Fiftieth Anniversary Celebration on Maternal and Child Health.

Staff have served on the boards of the Alabama Public Health Association, the Rural Health Association and the Health Educators Association of Alabama. In addition they have participated in the Medicaid Task Force on Preventive Medicine, the Governor's Task Force on Safety Belts, and the Worksite Health Promotion Task Force.

The Bureau of Primary Prevention assisted in the creation of the National Association of State Controlled Substances Authorities. The State Committee of Public Health requested that the department assist in implementing the Prescription Abuse Data Synthesis Program, and this bureau was assigned the task.

The Prescription Abuse Data Synthesis Program is a comprehensive approach to the growing problem of prescription abuse. All possible sources of information are utilized to assess the extent and method of diverting legal drugs to illegal use. Public and private agencies affected by this problem have been the main sources of support and information. These include the American Medical Association; the Attorney General's office; the Drug Enforcement Administration; Medicaid; pharmaceutical, nursing and dental boards; forensic sciences; hospital, nurses and dental associations; and the departments of Public Health, Mental Health and Public Safety.

At the initial meeting in October 1985, the American Medical Association consultant on the program led the discussion and assisted in defining needs and benefits of the program. Specific information was requested from a number of the participating agencies. These data were collected and analyzed.

The second set of meetings in December was used to further the understanding of the program, to report findings and to implement activity.

Division of Graphic Communication

The Division of Graphic Communication, as it is now known, has experienced several changes in name, administrative association and functions since 1963.

As a unit in the divisions of Machine Tabulation and then Data Processing, its basic function was printing. During the intervening years, it increased the quality and quantity of its services by accumulating more sophisticated equipment and enhancing staff expertise. By 1979 when printing for state government was centralized, the Division of Graphic Communication performed all phases of production from rough copy to quality printed material ready for use.

The division retained its capabilities for preparing camera-ready copy and illustrations in addition to assuming responsibility for coordination of printing for the department. Typesetters, artists and photographers continue to serve public health.

Increasing cost of printing and lack of funds have caused the demand for the division's services to fluctuate. In 1985 the number of requisitions increased slightly for a total of 1,371; however the number of impressions decreased 18.6 percent. The 23,956,918 impressions in 1985 are nearly 4 million more than the number in 1963. Cost of printing in 1985 totaled $317,623 for a 1.3 percent decrease from the previous year.

Pieces of work totaled 1,454 for the typesetters, 7,747 for the artists/illustrators and 8,399 for the photographers.

Division of Health Education

Emphasis on health education has increased during the administration of the current state health officer. In 1963 the Division of Health Education functioned primarily to prepare and distribute health materials. With the initiation of the Accident Prevention Program the division extended opportunities for individuals to acquire basic knowledge to enable them to take personal responsibility for their health. Today health education activities are designed to motivate Alabamians to adopt lifestyles which contribute to improved health.

Originally accident prevention concentrated on home safety. Recently the major concern has been motor vehicle safety—promoting usage of child restraints and seat belts. In 1985 the staff made 47 presentations to a department store chain throughout the state. Some 300 managers and clerks participated in these discussions on how to promote seat belt and child restraint usage in the community and among other store employees. Each store was presented a certificate in recognition of its support of safety.

News releases, public service announcements, brochures and posters have been used to promote passenger safety. Posters were sent monthly to automobile dealers who displayed them conspicuously to remind employees and customers to buckle up. The letters requesting participation were sent to 321 dealers, and 110 responded agreeing to promote passenger safety. The program coordinator also encouraged county health departments to promote seat belt usage.

As an incentive to buckle up, state employees who were observed using seat belts on randomly selected days received T-shirts. Surveys were conducted to determine the effectiveness of the program.

Education programs on passenger safety were presented to 20 organizations. In addition a luncheon program is being planned to be presented to chief executive officers to encourage them to advocate seat belt usage among their employees.

Child restraint loaner programs were strengthened by making safety seats available to all county health departments. Public health clients can lease the infant and toddler car restraints for a nominal fee.

The bureau maintained educational and public relations programs promoting the use of child restraints. Staff conducted safety programs, appeared on major radio stations and assisted in the production of a 30-minute documentary stressing the importance of child restraints. This program was shown statewide on public television. Two of the programs, "Safety Belts as a Public Health Issue" and "Keeping Your Baby Safe," had attendance of 60 and 25 respectively. Three in-service programs on establishing loaner programs had 36 to attend.

The spring and fall surveys in four metropolitan areas of the state continue to show increases in the use of child restraints. The 1985 surveys showed that 26 percent of the children three years of age or younger were properly restrained in approved car seats. The Alabama Child Restraint Law which was passed three years ago and promotional efforts have resulted in three times more children being restrained than were observed during the 1980 surveys.

The Bureau of Primary Prevention provided technical assistance and support to the Planned Approach to Community Health Project (PATCH) which the Chambers County Health Council has implemented. Staff participated in workshops and meetings with seven to 25 community residents during the planning and training sessions. The bureau also serves as liaison to the Centers for Disease Control which initiated the program, conducted the training and provided $3,200 for the Chambers County project.

In February the bureau proposed a Worksite Health Promotion Project. Since no funds were available, plans were developed to use the expertise of Health Department professionals. A task force was formed to determine what areas could be addressed. The emphases decided on were general health promotion, exercise, nutrition, dental health and smoking cessation. A health fair was used to kick off the entire project. The Centers for Disease Control Health Risk Appraisal was offered to about 500 employees. Two hundred people completed the questionnaire, and 160 picked up their computer printouts and received counseling

the day of the health fair. At least 175 employees attended the health fair, and 7,938 pieces of educational materials were distributed.

Health employees participated in activities of the project. Thirty-two enrolled in an aerobic class, and an average of 10 persons participated in group walking with many more walking at their own convenience. A Weight Watchers group attracted 25 members. A ten week Slim and Trim nutrition class was taught by the Alabama Cooperative Extension Service. Two dental health workshops also were conducted. Ten employees signed up for the first smoking cessation seminar, and eight attended the second session.

The bureau continues to serve as the state focal point for Health Risk Appraisal. It sells the software and provides technical assistance for a $50 fee. There are 16 users of the program in the state.

In 1985 the film library received approximately 10,400 requests for films and was able to respond to 9,360 of them. Reportedly some 298,000 persons viewed these films. Some borrowers did not report attendance. Twelve films were added to the library.

The audiovisual technician filled 1,067 requests for equipment and educational displays during 1985.

Division of Health Information

In 1963 health education and health information were a combined unit of the department. Even though organizationally they have become two units, activities overlap and the formats for disseminating information are often the same. The primary duties of the Division of Health Information are to inform the public and health professionals about services of the department, diseases and other threats to health, and measures one should take to protect himself. The staff assists others in the department with their information activities and cooperates with other agencies in efforts to improve the quality of life.

The staff edit the major publications of the department. The annual report is the official record of activities of the Department of Public Health. The various units of the department submit information about their services. The editor is responsible for making the components into a consistent, unified publication.

A summary report of activities is prepared for the Medical Association of the State of Alabama and the legislators. It is also available to those who are interested but do not need the more detailed annual report.

Alabama's Health, the department's monthly magazine, provides information of interest to health care professionals and department personnel. The editor also writes most of the articles.

The bureau assists other units of the department in preparing copy for publication by providing editorial advice. In addition the staff edit the newsletter for Alabama Public Health Association and provide editorial assistance for its programs and brochures.

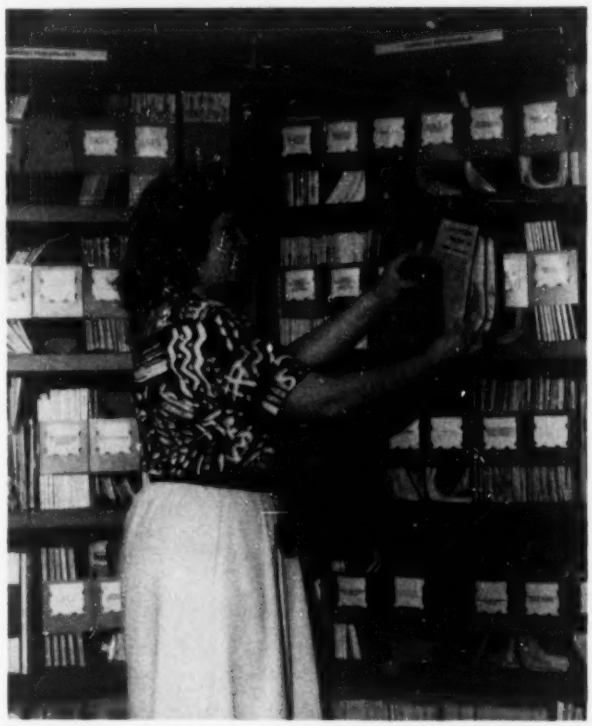
Bureau director and staff serve as public information officers for nuclear power plant drills. They are the liaisons for the Bureau of Radiological Health and the Alabama Emergency Management Agency. Besides drafting news releases, they communicate radiological information to other participating agencies. Both nuclear plants in the state are required to conduct drills annually.

In 1985 the staff completed an 18-month contract with the U.S. Food and Drug Administration to visit every hospital and explain the Product Problem Reporting Program. This program provides a central system whereby health care providers can report difficulties they encounter with equipment and other products. Visits to 43 hospitals during the first three months fulfilled the bureau's responsibility.

The staff served as department liaison for the "For Your Information" radio program. The program proposes to inform the citizens of services and activities of state government. The staff scheduled department personnel with various expertise and coordinated their discussion.

The bureau cooperated with the Alabama Commission on Aging in several projects to serve the elderly. These included informing them of dangers related to extreme temperature, distributing window locks and working with the Healthy Older People Program.

Primary Prevention participated in numerous meetings to create regional medical library consortiums in Alabama. The Health Reference Library became an active member of



the newly formed Montgomery Area Health Information Consortium. The library continues to increase its holdings. Special emphasis was placed on acquired immune deficiency syndrome (AIDS), preventable diseases and worksite health promotion.

The library serves not only to distribute books and information it has but also to locate materials from other sources. During fiscal year 1985 the librarian responded to 1,041 requests for interlibrary loans, books charged out and reference questions. Other staff filled approximately 500 requests for information. In addition to these requests which often require searching for information, the bureau distributed 467,632 copies of brochures and other printed material.

To provide information about public health problems, presentations were made to groups at the University of Alabama in Birmingham, the Committee of Public Health, the Perinatal Advisory Committee and numerous other professional groups. Also 23 news releases and 115 magazine articles were authored.

The bureau serves as the clearinghouse for information to other units of the department. It receives the newspaper clippings related to health and routes them to those involved. It also disseminates information received through the electronic mail system and the IBM personal computer. The computer is compatible with equipment at the Centers for Disease Control and can access information about diseases.

The Bureau of Primary Prevention strives to upgrade its capabilities so that it can better serve the public and the department.

BUREAU OF VITAL STATISTICS

Division of Record Services

The primary responsibilities of the Division of Record Services are to provide the general public with certified copies of vital records and special records services, to provide administrators and governmental agencies with noncertified copies for use in research projects, and to preserve all existing records and legal documents that are kept in the division's storage vault and sealed confidential files.

Some of the services include preparing new birth certificates after adoption, legitimation and court orders; amending vital records; issuing certified copies; and issuing certificates of failure to find if a record is found not to be recorded in the bureau.

A decline in the number of certified copies issued in 1985 was due entirely to the decline in the number of death

TABLE 11-1
RECAP OF RECORD SERVICES ACTIVITIES
1985 and 1984

	1985	TOTAL	CHANGE FROM 1984
Certified Copies Issued:			
Births			
Mailed	136,652		
Service Counter	41,576	178,228	+ 3,178
Deaths			
Mailed	20,768		
Service Counter	14,177	34,945	- 15,403
Marriages			
Mailed	1,161		
Service Counter	876	2,037	+ 64
Divorce Reports			
Mailed	275		
Service Counter	131	406	+ 103
Stillbirths			
Mailed	14		
Service Counter	0	14	- 3
TOTAL			
Mailed	158,870		
Service Counter	56,760	215,630	- 12,061
New Certificates Prepared:			
Legitimations	2,206		- 583
Adoptions: Alabama Born	2,366		- 90
Persons Born Out Of State	684		- 42
Uniform Parentage Act	1,411		+ 1,276
Total New Certificates Prepared	6,667		+ 561
Amendments			
Births	9,333		- 248
Deaths	130		- 15
Marriages	44		- 1
TOTAL	9,507		- 264
Non-Certified Deaths	2,379		
Pieces Of Mail Received:	160,857		- 5,701
Fees Received	$1,067,438.90		- $45,690.88
Non-Certified Copies Sent To Copy Issuing Centers	3,561		+ 330

certificates issued. The division issued 15,403 fewer certified copies of deaths in 1985 and this was expected as most of the local county health departments started issuing certified copies of current deaths.

The main increase in the preparation of new certificates was due to court actions concerning the Uniform Parentage Act. While this act was passed in the 1984 summer session, it was used very little except in the last two months of 1984. However, in 1985 this practice escalated and 1,411 new certificates were prepared according to this act.

Plans are underway for the Bureau of Vital Statistics' service counter and waiting room to be renovated in 1986.

Field Services—During 1985 Vital Statistics seminars were conducted in the following seven locations: Decatur, Oxford, Birmingham, Demopolis, Montgomery, Dothan and Mobile. Almost 400 persons attended these meetings which is a 30 percent increase from the previous year. Represented at the seminars were medical records technicians, coroners, county health department registrars, funeral home directors, medical students and physicians.

This year emphasis was placed on medical records fraud, the Alabama Uniform Parentage Act and causes of death. The Mobile County Coroner/Medical Examiner, guest speaker, used slides of actual death scenes when he spoke on the causes of death.

A survey was conducted of the more than 150 hospitals and nursing homes throughout the state to determine the need and feasibility for Vital Statistics in-house training of medical records personnel, nurses and physicians. More than 80 percent of these institutions responded, and more than 60 percent expressed an interest in this training. Plans are being made to design and implement such a training program within the next year.

Division of Statistical Services

The Statistical Services Division of the Bureau of Vital Statistics is a service division seeking to provide current vital event data to data users and to distribute printed materials.

Two developments occurred during 1985 that helped to diversify the work in the Division of Statistical Services. The first of these developments was to undertake training in the Medical Index Classification and Retrieval (MICAR) method of coding causes of death as developed by the National Center for Health Statistics in order that all causes listed on the certificate might be entered in the computer. As programs to retrieve this data are established, a clearer picture of the contributing causes of a person's death can be determined.

Another development during 1985 was the purchase of an IBM PC-AT computer terminal with a color monitor and color printer. This purchase opened up many opportunities to collect and display data more efficiently, quicker and in color for presentations, slides and publications. As training in basic programming is obtained, there will be many opportunities to expand this service.

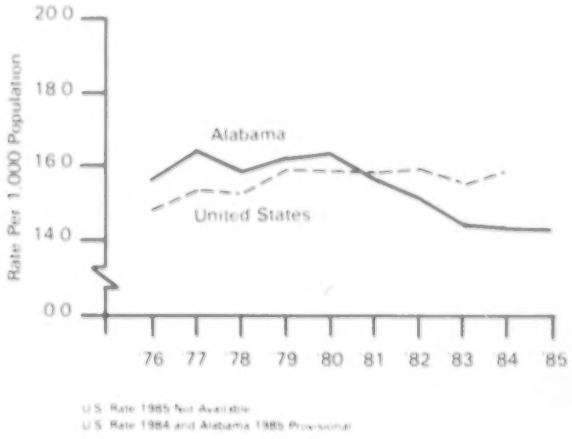
Continued publication of vital event data, natality, mortality, teenage birth statistics, resident births by place of occurrence and data from the linkage of infant deaths and birth records was accomplished in 1985. Numerous other data prepared during 1985 but not published included such items as disposition of the body at death, certain causes of death by occupation and industry of the deceased, maternal mortality and deaths from unknown causes.

A renewed contract with the Cooperative Health Statistics System of the Department of Health and Human Services enables the Bureau of Vital Statistics to provide data to the National Center for Health Statistics compatible with data from other states in order to develop a current and accurate data base.

All vital event data given in Graph 11-1 are provisional data based on an estimated count of the vital events occurring to Alabama residents during 1985.

Births—The estimated crude birth rate remained approximately the same during 1985. The estimated 59,603 live births occurring to Alabama residents resulted in a crude live birth rate of 14.3. This is the second year that the low birth rate of 14.3 has occurred in Alabama.

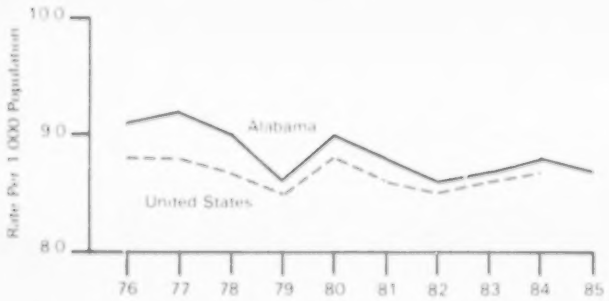
GRAPH 11-1
LIVE BIRTH RATES
ALABAMA AND UNITED STATES
1975-1985



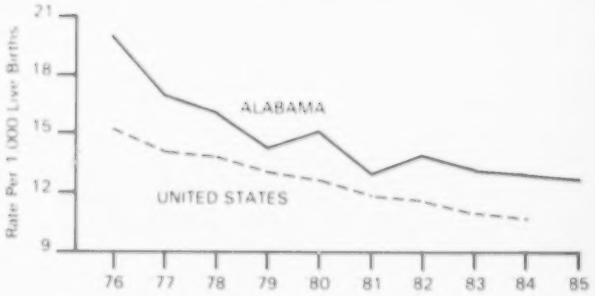
U.S. Rate 1985 Not Available
U.S. Rate 1984 and Alabama 1985 Provisional

Deaths—The general mortality rate for 1985 is estimated to be slightly below the mortality rate of 1984. Preliminary data indicate that the 36,487 deaths to Alabama residents during 1985 will result in a provisional crude mortality rate of 8.7. This represents an increase over the 1984 figures of approximately 874 in the number of deaths with the mortality rate decreasing from 8.8 to 8.7.

GRAPH 11-2
MORTALITY RATES
ALABAMA AND UNITED STATES
1976-1985



GRAPH 11-3
INFANT MORTALITY RATES
ALABAMA AND UNITED STATES
1976-1985



Heart disease continues to be the leading cause of death to Alabama residents. Preliminary data indicate that the number of heart disease deaths will increase slightly but the rate of heart disease mortality will decrease during 1985. Heart disease has been the leading cause of death for more than 50 years.

Malignant neoplasms continue to be the second leading cause of death to Alabama residents. An estimated number of 7,856 resulted in a mortality rate of 188.4 per 100,000 population from malignant neoplasms.

TABLE 11-2
LEADING CAUSES OF DEATH
1985 and 1984

1985				1984		
Rank	Number*	Rate*	Cause of Death	Rank	Number	Rate
—	36,487	—	Total All Causes	—	36,431	—
1	12,712	304.8	Diseases of the Heart	1	12,695	307.2
2	7,856	188.4	Malignant Neoplasms	2	7,845	189.8
3	3,326	79.8	Cerebrovascular Diseases	3	3,241	78.4
4	1,978	47.4	Accidents	4	1,958	47.4
5	1,297	31.1	Chronic Obstructive Pulmonary Diseases & Allied Causes	5	1,234	29.9
6	933	22.4	Pneumonia & Influenza	6	755	18.3
7	760	18.2	Diseases of the Arteries	8	680	16.5
8	689	16.5	Diabetes Mellitus	7	661	16.0
9	432	10.4	Suicide	9	465	11.3
10	412	9.9	Homicide	10	424	10.3
—	6,092	—	All Other Causes	—	6,473	—

*Provisional

Cerebrcvascular diseases, the third leading cause of death in 1985, caused the deaths of an estimated 3,326 Alabamians. This is about 9 percent of all deaths. The estimated cerebrovascular disease mortality rate is 79.8.

The estimated number of accidental deaths in Alabama indicates a slight decrease in the number and mortality rate. The provisional accidental mortality rate is about 47.4.

Indications are that the final number of infant deaths and the infant mortality rate for 1985 will be slightly lower than the 1984 figures. The estimated 752 infant deaths for 1985 resulted in an estimated infant mortality rate of 12.6. A slight decrease in the neonatal mortality also occurred as the estimated neonatal deaths decreased from 515 to 488.

Preliminary data indicate that the number of fetal deaths increased in 1985 to 614, a numerical increase of approximately six. The provisional fetal death mortality rate was 10.3.

An estimated 11 mothers died from complications of childbirth, labor and the puerperium during the year and resulted in a 1.6 rate per 10,000 live births.

Marriages and Divorces—The estimated number of marriages during 1985 decreased from the previous year. This estimated number of 45,744 resulted in a provisional marriage rate of 11.0 per 1,000 population.

The estimated 24,378 divorces occurring during 1985 in Alabama represented a numerical decrease of 1,035. The estimated divorce rate of 5.8 per 1,000 population was lower than the 6.0 rate of 1984.

Population—Alabama's estimated midyear 1985 population was 4,170,100 based on 1980 census data. About 73 percent of the population was white. There were more females than males in Alabama. The sex ratio for 1985 remained almost the same as 1984—about 109 females per 100 males.

Division of Microfilm Services

The Division of Microfilm Services continued to provide microfilm services to all agencies of the Department of Public Health. The primary user, of course, was the Bureau of Vital Statistics where 64,788 births, 40,061 deaths, 713 fetal deaths, 47,866 marriages, 27,322 divorces and 5,600 affidavits were received, microfilmed and bound into permanent volumes. At the same time, more than 216,128 certified copies were produced, of which approximately 50 percent were produced from microfilm. In addition, over 2,025 volumes were bound and 147,450 feet of microfilm was processed.

The division began a project of refilming birth certificates on a new type of microfilm which is thinner and stronger. This refilming project will provide the Bureau of Vital Statistics with better reprint quality, longer microfilm life expectancy, and will require fewer rolls of microfilm. Four years have already been refilmed beginning with 1975 and working backward through 1972. No completion date has been set because work on this project will be done on a time available basis.

Future plans for the Division of Microfilm Services include updating the reproduction equipment used to produce certified copies of birth certificates. The new reader-printers being considered are compatible with the present computer system and will utilize a less expensive print paper.

Other health department agencies utilizing the Microfilm Division were WIC, 2,481,971 vouchers; State Health Laboratory, 273,306 records; and Health Personnel, 166,946 records.

Agencies outside the health department using the division's microfilm services were Alabama Securities Commission, Engineers and Land Surveyor's Board, State Personnel Board, State Treasurer's Office and Department of Education—Teacher Certification.

The goals of this division continue to be to provide better microfilm services to the department and to offer more services to other state agencies.

Division of Registration Services

During the 1985 calendar year, the Division of Registration Services received, edited and filed over 166,000 records of vital events that occurred in Alabama. This total was slightly above that for the previous year. Included in this total are the 2,664 delayed certificates of birth that were accepted for filing in 1985. This figure represents only 33 percent of the 8,100 total files that were actually processed in this area of registration. With most applicants, repeated correspondence is necessary to secure a properly completed certificate and the three documents that are required as proof to file a delayed certificate of birth.

Twenty-nine thousand applications for certified copies of current birth certificates were tendered in 1985 with $147,000 in fees being received directly from Alabama hospitals. Although state law requires hospitals to collect these fees for birth certificates, only 50 percent of the total current births have certificates issued due to the lack of compliance with the law.

About 3,700 applications for certified copies of current death certificates were processed this past year from this office. This 20 percent decrease from the previous year continues to show the effects of 1984 legislation that authorized the issuance of certified copies of death certificates on the county level. Computer searching accurately locates 80 percent of these applications even when the place of death and date of death given are incorrect.

ASSISTANT STATE HEALTH OFFICERS, LOCAL HEALTH OFFICERS & HEALTH SERVICES ADMINISTRATORS

February 1, 1986

COUNTY/DISTRICT	NAME	TITLE	TEL. NO.	MAILING ADDRESS
PUBLIC HEALTH AREA # 1	Betty W. Vaughan, M.D.	ASHO	353-7021	Box 1628, Decatur 35602
NORTHWEST AL REGIONAL HEALTH DEPT.			383-1231	Box 929, Tuscumbia 35674
Colbert	Karen Landers, M.D.	DHO	383-1231	Box 929, Tuscumbia 35674
Franklin	Karen Landers, M.D.	DHO	332-2700	Box 100, Russellville 35653
Lauderdale	Karen Landers, M.D.	DHO	764-7453	Box 1036, Florence 35630
TRI-COUNTY DIST. HEALTH SERVICES			353-7021	Box 1628, Decatur 35602
Cullman	Betty W. Vaughan, M.D.	DHO	734-1030	Box 1678, Cullman 35055
Lawrence	Betty W. Vaughan, M.D.	DHO	974-1141	Box 308, Moulton 35650
Limestone	Betty W. Vaughan, M.D.	DHO	232-3200	310 W. Elm St., Athens 35611
Morgan	Betty W. Vaughan, M.D.	DHO	353-7021	Box 1628, Decatur 35602
Jackson	Lyle Haas	HSA	259-4161	Box 398, Scottsboro 35768
Madison	Lawrence L. Robey, M.D.	LHO	539-3711	Box 425, Huntsville 35804
Marion			921-3118	Box 158, Hamilton 35570
Marshall	Lyle Haas	HSA	582-3174	275 Gunter Ave., Guntersville 35976
Winston			489-2101	Box 57, Double Springs 35553
PUBLIC HEALTH AREA # 2	E. Kenneth Aycock, M.D.	ASHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401
WEST AL DISTRICT HEALTH DEPT.			345-4131	1101 Jackson Ave., Tuscaloosa 35401
Bibb	E. Kenneth Aycock, M.D.	DHO	926-9702	105 Church St., Centreville 35042
Greene	E. Kenneth Aycock, M.D.	DHO	372-9361	Box 269, Eutaw 35462
Lamar	E. Kenneth Aycock, M.D.	DHO	695-9195	Box 548, Vernon 35592
Pickens	E. Kenneth Aycock, M.D.	DHO	367-8157	Rt. 2, Box 202, Carrollton 35447
Tuscaloosa	E. Kenneth Aycock, M.D.	DHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401
Fayette	John Toppins	HSA	932-5260	Box 351, Fayette 35555
Hale	Michael Mann	HSA	624-3018	Box 87, Greensboro 36744
PUBLIC HEALTH AREA # 3	Carole W. Samuelson, M.D.	ASHO	933-9110	Box 2646, Birmingham 35202
Blount	Melinda G. Rowe, M.D.	LHO	274-2120	Box 96, Oneonta 35121
Chilton	Melinda G. Rowe, M.D.	LHO	755-1287	Box 178, Clanton 35045
Jefferson	Carole W. Samuelson, M.D.	LHO	933-9110	Box 2646, Birmingham 35202
St. Clair	Melinda G. Rowe, M.D.	LHO	594-7944	Box 249, Ashville 35953
St. Clair	Melinda G. Rowe, M.D.	LHO	338-3357	Box 627, Pell City 35125
Shelby	Melinda G. Rowe, M.D.	LHO	669-3117	Box 976, Columbiana 35051
Walker	Melinda G. Rowe, M.D.	LHO	221-9775	Box 690, Jasper 35501
PUBLIC HEALTH AREA # 4	Robert J. Henderson, M.D.	ASHO	236-3274	Box 488, Anniston 36202
Calhoun	John Screws	HSA	237-7523	Box 488, Anniston 36202
Chambers	Ellene Mitchell	HSA	864-8834	Box 319, LaFayette 36862
Cherokee	Jim C. Russell	HSA	927-3132	Box 176, Centre 35960
Clay	Fred W. Dauser	HSA	354-2181	Box 325, Ashland 36251
Cleburne	John Screws	HSA	463-2296	Box 36, Heflin 36264
Coosa	Fred W. Dauser	HSA	377-4364	Box 235, Rockford 35136
DeKalb	Jim C. Russell	HSA	845-1931	Box 347, Fort Payne 35967
Etowah	Jean Foster	HSA	547-6311	Box 555, Gadsden 35902
Randolph	Ellene Mitchell	HSA	863-8981	527 Price St., Roanoke 36274
Talladega	Fred W. Dauser	HSA	362-2593	Box 1012, Talladega 35160
Tallapoosa	Ellene Mitchell	HSA	825-9203	Box 125, Dadeville 36853
PUBLIC HEALTH AREA # 5	Joyce Gendzwill, M.D.	ASHO	261-5133	State Office Bldg., Room 900, Montgomery 36130-1701
Autauga	Bobby H. Bryan	HSA	365-3349	Box G, Prattville 36067
Barbour	Russell Killingsworth	HSA	687-4808	Box 238, Eufaula 36027
Bullock	Walter Pack	HSA	738-3030	Drawer 430, Union Springs 36089
Butler	Ziba Anderson	HSA	382-3154	Box 339, Greenville 36037
Coffee	Kenneth Ball	HSA	897-2523	Box 280, Elba 36323
Coffee	Kenneth Ball	HSA	347-9574	Box 1316, Enterprise 36331
Covington	Ziba Anderson	HSA	222-1175	Box 186, Andalusia 36420
Crenshaw	Ron Wheeler	HSA	335-6568	Box 326, Luverne 36049
Dale	Charles Oliver	HSA	774-5146	Box 1276, Ozark 36360
Elmore	Bobby H. Bryan	HSA	567-5171	Box 316, Wetumpka 36092
Geneva	Kenneth Ball	HSA	684-2257	Box 386, Geneva 36340
Henry	Russell Killingsworth	HSA	585-2660	Box 86, Abbeville 36310
Houston	Marilyn E. Crumpton, M.D.	LHO	793-6404	Drawer 2087, Dothan 36302
Lee	Walter Pack	HSA	745-5765	Box 2207, Opelika 36803-2207
Lowndes	Bobby H. Bryan	HSA	548-2564	Box 35, Hayneville 36040
Macon	Walter Pack	HSA	727-1800	Drawer 180, Tuskegee 36083
Montgomery	Mary G. Dorrough, M.D.	LHO	263-6671	515 W. Jeff Davis Ave., Montgomery 36104
Pike	Ron Wheeler	HSA	566-2860	Box 425, Troy 36081-0425
Russell			297-0251	Box 548, Phenix City 36868-0548
PUBLIC HEALTH AREA # 6	VACANT	ASHO		
	Tom N. Phillips	HSA	261-5081	State Office Bldg., Room 307, Montgomery 36130-1701
GULF COAST DISTRICT HEALTH DEPT.			937-0217	Box 150, Bay Minette 36507
Baldwin	C. P. St. Amant, Jr., M.D.	DHO	937-0217	Box 150, Bay Minette 36507
Conecuh	C. P. St. Amant, Jr., M.D.	DHO	578-1952	526 Bellville St., Evergreen 36401
Escambia	C. P. St. Amant, Jr., M.D.	DHO	867-5765	Box 66, Brewton 36426
Choctaw	Richard Jayne	HSA	459-2494	315 E. Pushmataha St., Butler 36904
Clarke	Bill Coleman	HSA	275-3772	Box 477, Grove Hill 36451
Dallas	S. D. Waldrop, M.D.	LHO	875-4401	Box K, Selma 36702-0330
Marengo	Charles Shields	HSA	295-4205	Box 454, Linden 36748
Mobile	Alfred R. Stumpe, M.D.	LHO	690-8158	Box 2867, Mobile 36652
Monroe	Tom N. Phillips	HSA	575-3109	Box 609, Monroeville 36461
Perry	Tom N. Phillips	HSA	683-6153	Box 119, Marion 36756
Sumter	Thomas C. Stuart	HSA	652-7972	Drawer 340, Livingston 35470-0340
Washington	Bill Coleman	HSA	847-2245	Box 417, Chatom 36518
Wilcox	S. D. Waldrop, M.D.	LHO	682-4515	Box 27, Camden 36726

ASHO—Assistant State Health Officer, DHO—District Health Officer, LHO—Local Health Officer, HSA—Health Services Administrator

ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

Prepared by Bureau of Primary Prevention

Approved Ira L. Myers

Ira L. Myers, M.D.

DPH-D-A-1-Rev. 11-85

Prepared by
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADPH-P-A-15/Rev. 6-86